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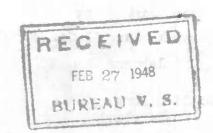
PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF E				2. USUAL RESIDENCE (HOME) OF DECEASED: (For pewborn infunts give residence of mother)			
			:URAL and give nearest town)	state Maryland co	outy Carroll	***************************************	
How long in above pla	foutside city or town lace of death?	Cetime.		City or town. (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION)			
Haw lone le hoonitel	or Institution?			2.(a) It veteran, name war			
3. (a) FULL NA					3. (b) Social Security	Number	
3. (a) FULL NA		n Frank	clin Abra		212-24-638:		
4. Sex	5. Color or race	6.(a)Singl	e, married, widowed, or divorced	MEDICAL C	CERTIFICATION		
Male	White	S	ingle	20. DATE OF DEATH 7 LL	24 1948	, at M	
6.(b) Name of husband or wife				21. I CERTIFY that death occurred on the date a	48 10 Feb 25	19.4.8	
8. AGE: Ye	ears Months	Days 23	It less than one dayhrs min.	Immediate cause of death	111111111	DURATION	
10. Usual occupation	ness	c	Maryland	Due to			
14. Maiden nar 15. Birthplace	meClaraOt Maryla			(Include pregnancy within 3 months of death) Major findings of aperations. Date of op.			
16. Informant Mr. William Abra Keymar, Maryland				Autopsy results			
Cemetery or crem		seph!s	(month) (day) (year) Cemetery	22. VIOLENCE: If death was due to external c Accident, suicide, or homicide) (County) (where?)	(State)	
Address Ta	C.o. Fuss neytown, Ma	ryland.		23. SIGNATURE 23. Address Burn B	Injured at work? M. D. Pate signed	or other	

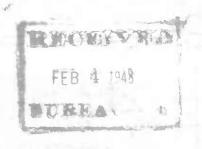


COSTABLE III.

	CERTIFICATE OF DEA	Reg. Diat. No.
Ounty Outside city or town limits, write RURAL Jow long In above place of death? Jospital, Institution, or street address where death occurred:	(For newborn int	tside city or town limits, write RURAL and give nearest town)
How long in hospital or institution?	2.(α) If veteran, name w	ar
3. (a) FULL NAME Mary B	albert	3. (b) Social Security Number 210 - 20 - 35
1 Sex 5. Color or race 6. fa) Single, marrie White Man 6. (b) Name of husband or wife Waller		MEDICAL CERTIFICATION 19.48 at 2.3 n occurred on the date above stated: that I allended deceased from 19.40 to 19.
o. AGE:	and that I last saw he Immediate cause of des	A alive of a 19
9. Birthplace Manual (Town, county, and state)	Anall Go. Due to.	0
10. Usual occupation	Due to	
11. Industry or business 12. Name	Asing lying Dither conditions	
14. Maiden name Nasail 3	Major findings of opera	de pregnancy within 3 months of death)
16. Intermant Mis Revert	tonesiller Actopsy resolts	oderlice the caose to which death should he charged statistically
Address Date thereof	(month) (day) (year) Accident, suicide, or hol	th was due to external causes, fill in the following: micide
Cemetery or crematory		(City or town) (County) (State)
18. Funeral disactor. Jack Market	Means of lejury	Injured at work?
Address Macualistas	- 1/1/7/1	Too so los I sew

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baftimore

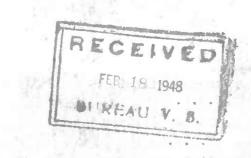
CERTIFICATE OF DEATH

information carefully. The

WITH UNFADING INK. Supply every item of important. Physicians: please write the causes

MARGIN RESERVED FOR BINDING

			OBICE II TOIL	Reg. Diat. Nof.	
1. PLACE OF I	DEATH:			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County Carroll City or town Sykesville (If outside city or town limits, write RURAL and give nearest town) How long in above place of dealth? 4. Yrs. 7 mos 20 days Hospital, institution, or street address where death occurred: Springfield State Hospital			s 20 days	State Maryland county Montgomery City or town Unknown (If outside city or town limits, write RURAL and give nea Street No. (If rural, give LOCATION)	rest town)
How long in hospita	or Institution?4	yrs., 7	mos., 20 days	2.(a) If veteran, name war	V
3. (a) FULL NA		ucille Al	lnutt	3. (b) Social Security	Number
4. Sex Female	5. Color or rac White		le, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH February 14	1:20 P
			(c) If alive, give ageyears	21.1 CERTIFY that death occurred on the date above stated: that I altended decer June 25, 19.43 10. February and that I last saw h.C	14,1948 1948
o. AGE.	ears Months	Days 25	It less than one day	Myocardial Degeneration	5 weeks
1D. Usual occupation 11. Industry or busi	onHous	work	state)	Due to Due to Other conditions Involutional Melancholia	
14. Maiden na 15. Birthplace		Williams		(Include pregnancy within 3 months of death) Major findings of operations	
Address Springfield Sta te Hospital 17. (Burial, cremation, or removal. Which?) Cemetery or crematory. Location 18. Funeral director.			Hospital reof (month) (day) (year)	Actopsy results	statistically.
19. feb	/ 519	48 0	Harry / Teer Registrar	Address Springfield State Hospitalie signed	2-14-48



MARYLAND STATE DEPARTMENT OF HEALTH

1 DIACE OF DE	A THE			2. USUAL RESIDENCE (HOM	E) OF	DECEASED.	
1. PLACE OF DEATH: County Carroll			(For newborn infants give reside	nes of n	nother)		
City or town Henryton waryland (If outside city or town limits, write RURAL and give nearest town)			state	Coun	ity		
(If	outside city or town lin	its, write R	th 21 days	City or town Baltimore	limita	write RURAL and giv	o nearest town)
Hospital, Institution, o	r street address where d	eath occurred	1:				
Maryland	Tubercul	osis.	Sanatorium	. (If rura		LOCATION)	***************************************
		orea	Branch, Henryt	2.(a) If veteran, name war			
3. (a) FULL NAM	IE					3. (b) Social Secur	rity Number
	Ella		e, married, widowed, or divorced				
4. Sex	5. Color or race					RTIFICATION	
female	Colored	517	igle	20. DATE OF DEATH Februar			
				MEGICII IA	19	47 to Febru	ary 2 15
7. Birth date of			c) If alive, give ageyes	and that I last saw hQ.C. alive on	Fe	bruary	2 19
deceased (mo., day, 8. AGE: Year		Days	1943	Immediate cause of death Tube	ercu	losis	Augu
4	5	16	hrsm				1946
9 Birtholace	Baltimore	, Ma	ryland	Due to			
			state)				
			***************************************	Due to			
11. Industry or busine	ss har in at i	-		_			
12. Name	II-leon	·.!.l.		Dther conditions			
El 13. Birthplace	Holes 3	Ioll &		(Include pregnancy wi			
14. Maiden name	TYGTEH X	KALLA.		Major hadings of operations			
14. Maiden name 15. Birthplace	Unknown	25	- 1011 - 411 -				,
16. Informant	candidother		s.Ella Allen	Autopsy results	e to whi	ich death should he cha	rged statistically.
Address 6	78, N. Mul	berr	y St. Baltimore	22 TOLENCE: If death was due to exte			
Dure	n, or removal. Which?)	Date ther	eoiff (month) (day) (year)	Achident, suicide, or homicide			
Cemetery or crema	mai	10	Alvers	Where did Injury occur?(City or	*******	(Counter)	(State)
/	12/3/1			Injured at pome, farm, Industry, public pi			
Location		01	17. MNL	Meens of Injury		Injured at work?	
18. Funeral director.	100	org	MAN	70,000 -	260	0	
	1 /	1	- 1-11 6	Luci IIan	mu	2.	7
Address	2 19 48			23 CSIGNATIVAE Leulieus		man m.	. D. or other



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CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DI	EATH:			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)		
County	Sykesville			state Maryland county		
City or lown				City or town		
Hospitat, Institution, o	or street address where	death occurred:		street No. 43 North Eden Street	nearest town	
Spring	field Stat	e Hospital	0.3	(If rural, give LOCATION)		
		yrs, 10 mo	s. 8 days	2.(a) If veteran, name war.		
3. (a) FULL NAM		21)		3. (b) Social Secur	ity Number	
	SOPHIA BAR					
4. Sex	5. Color or race	6.(o)Single, marrie	ed, widowed, or divorced	MEDICAL CERTIFICATION		
F	W	3		20. DATE OF DEATH February 5 19 44	8 ,9:25 PM	
6.(b) Name of husband	d or wife			21. I CERTIFY that death occurred on the date above stated; that I attended		
	120222000200000000000000000000000000000	6.(c) 11 aliv	e, give ageyears	January 16 19 48 to Februs		
7. Birth date of deceased (mo., day,	yr.) 12/24/0	1	1-21	and that I last saw h. 34. alive on February 5		
8. AGE: Yea			ess than one day	Metastalic Carcinona of live	DURATION	
46	1	11	hrs min.	A		
9. Birthplace Ru	ssia			Due to Primary carcinoma of left breas	294.	
	(10wh	, county, und atate)		(masterlophy, April 1946)		
10. Usual occupation	None	***************************************		Due 10.		
11. Industry or busine				Developed and the and I among		
pens .				Other conditions Psychosis with epilepsy	36 yrs	
13. Birthplace		12 2		(Include pregnancy within 3 months of death)		
14. Maiden name		othenberg	•••••	Major findings of operations		
	Russia					
16. Informant Rec	ord, Sprin	gfield Sta	te Hospital	Autopsy results		
Address Sy	kesville,	Maryland	1		ged statisticany.	
17 Here	val	Date thereof	1-6-48	22. VIOLENCE: tf death was due to external causes, fill in the tollowing; Accident, suicide, or homicide		
			(month) (day) (year)			
Cemetery of Frematory			Moule	Where did Injury occur?		
Location	7000	Dogod	Dia	Injured at home, farm, Industry, public place (where?) Means of injury Injured at work?	***************************************	
18. Funeral director.	Tuest	reene		means or injury injured at work?		
Address Z.V.	00 60	ctow o	Tlace	23. SIGNATURE Joseph H. Marshall,	4.8.	
10 Febr.	6 10H8	1 19 14	farry Tiles	/ M.	D. or other	
(Date rec'd by r	egistrar)	ال المساور و المسلم	Registrar	Address Sykesville, Maryland Date sign	ed 2/5/48	



CERTIFICATE OF DEATH

	Reg. Dist. No	f-172	
1. PLACE OF DEATH: county Carroll	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
Cily or town	State. Maryland County City or town Baltimore 5 (If outside city or town limits, write RURAL and give new Street No. 709 Spring Street (If rurel, give LOCATION) 2.(a) If veteran, name war.		
3.(a) FULL NAME BUD BOOKER	3. (b) Social Security	Number	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male Colored Widowed	20. DATE OF DEATH February 1, 19 48	.12:30A	
5.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: fhal I attended dece January 30 19 48 to Feb: 1 and thal I last saw h im alive on February 1,	1948 18 48	
8. AGE: Years Months Days If less than one day	Immediate cause of death		
V 59 9 9 9hrsmin.	Pulmonary Tuberculosis	Jan.	
9. BirthplaceCumberlandMaryland. 10. Usual occupationLaborer	Due to	1946	
11. Industry or business 12. Name William Booker 13. Birthplace Unknown	Dther conditions		
14. Malden name Fannie Booker 15. Birthplace Unknown	(Include pregnancy within 3 months of death) Major findings of operations		
16. Informant Deceased	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged		
Address 17	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide		
Location Location	(City or town) (County) (State)		
18. Funeral director Wuy Wulson	Means of Injury Injured at work?		
Address 1000 Bi Con Cen	23. SIGNATURE Pulsen Hoffman M. D.	n.).	
(Date rec'd by registrar) Local Deputy Registrar	Address Henryton, Maryland Date signed.	2-1-48	

MARGIN RESERVED FOR BINDING

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Ind is especially important. Physicians: please write the causes of death clearly and legible

correct age

PLEASE WRITE



MARGIN RESERVED FOR BINDING

PLEASE WRITE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH: County Carroll	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mether)	
	State Maryland County	***************************************
City or town		
How long in above place of death? 4 month 25 days	City or town Baltimore (If outside city or town limits, write RURAL and give nearest	town)
Hospital, institution, or street address where death occurred:	Street No. 837 Ostend Street	
Maryland Tuberculosis Sanatorium	(If rurai, give LOCATION)	7
How iong in hospital or institution? Colored Branch, Henryto	72.(a) It veteran, name war	
3. (a) FULL NAME	3. (b) Social Security Num	ber
Mary Elizabeth Brow	216-16-08	23
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	Δ.
female col Separated	2D. DATE DF DEATH EEDRUARY 2 19 48at	4:45
6,(b) Name of husband or wite Solomon Brown	21. I CERTIFY that death occurred on the date above stated; that t attended deceased	
	September 8 1947 to Feb. 2	19 48
7. Birth date of	and that I last saw h. Cr alive on February 2	19 48
deceased (mo., day, yr.) September 30, 1923	Immediate cause of death	DURATION
8. AGE: Years Months Days It less than one day	Pulmonary Tuberculosis 1	943
24 4hrsmin.		
9. Birthplace Baltimore Maryland (Town, county, and state)	Due to	***************************************
1D. Usual occupation Waitress		
	Due to	
11. Industry or business		
12. Name William Hall 13. Birthpiace Anne Arundel VCo. Marvland	Other conditions	
13. Birthplace Anne Arundel Co. Maryland	(Include pregnancy within 3 months of death)	
14. Maiden name Deaulah Gatney 15. Birthplace Portsmouth, Virginia		
Dont court by Vincinia	Major findings of operations	
	Date of op.	*******************
18. Informant Deceased	Actopsy results	etically
Address		oticany.
12 5 48	22. VIOLENCE: It death was due to external causes, till in the following:	
(Burial cremation, or removal Which?) (Burial cremation, or removal Which?)	Accident, suicide, or homicide	
Cemetery or crematory Wat a Calay Cember.	Where did Injury occur?	tate)
N 11 N	Injured at home, tarm, Industry, public place (where?)	
Location	Misans of injury injured at work?	
18. Funeral director	Hidding of Highly	
Address 39 With lynus St.	23. SIGNATURE Coulous toffman m. M. D. or o	7
Fah 2 19 MM 60 1	23, SIGNATURE M. D. or o	ther,
19. Feb. 2 19 48 Month () (Date rec'd by registrar) Local Deouty Registrar	Maryland Date signed	2/2/48



VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

The

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICAT	TE OF DEATH Reg. Dist. No. 76
County Carroll City or town Finksburg (If outside city or town limits, write RURAL NEAR and give town) Street address, hospital, or institution: Stay in hospital or inst. (yrs., or mos., or days) Stay in this community (yrs., or mos., or days)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Carroll Gity or town Finksburg (If outside city or town limits, write RURAL NEAR and give town) Street No. (If rural give LOCATION) 2(a) IF YETERAN, NAME WAR
3. (a) FULL NAME BENJAMIN ALDRET CALDER	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single. married, wildowed, or divorced Male White Single 6 (b) Name of husband or wife None	MEDICAL CERTIFICATION 2D. DATE DF DEATH F
T. Birth date of deceased (mo., day, yr.) January 6, 1896	Immediate cause of death Due to Due to
11. Industry or business 12. Name	Dither conditions Old Cutte disease 5D y (Include pregnancy within 8 months of death) Major tindings: Ot operations Please under the cause to w death should be
Address 404 E. Lake Avenue	Ot autopsy charged statist cally. 22. VIOLENCE: If death was due to external causes, till in the tollowing;
17. Burial Date thereof Feb. 18, 1948 (Burial, cremation, or removal. Which?) Cemetery or crematory Greenmount Location Baltimore Maryland 18. Funeral director William Cook, Inc. Address 1217 St. Paul Street	Accident, suicide, or homicide

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correct age

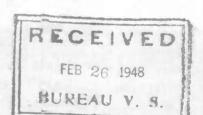
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baftimore

CERTIFICATE OF DEATH

Reg. Diat. No...

1. PLACE OF DEA	TH: Carro	17	2. USUAL RESIDENCE (For newborn infants	(HOME) OF	DECEASED:	
City or town	Westm	inster	state Maryland county Carroll			
City or town			City or town			
How long in above place o Hospital, Institution, or s			(If outside	city or town limits,	write RURAL and give no	earest town)
nospital, institution, or s			Street No	(If rural, give L		
How long in hospital or i	nstitution?		2.(a) If veteran, name war			
3. (a) FULL NAME				1	3. (b) Social Security	Number
		Laura B. Caple			none	
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	M	EDICAL CER	RTIFICATION	
female	white	widow	20. DATE OF DEATH	February	23 19.48	. 93p
6.(b) Name of husband or	wife Vil	nton P. Caple	21. I CERTIFY that death occu		1 11	
			Fehrus			
7. Birth date of deceased (mo., day, yr.		n 21, 1890	and that I fast saw h	affive on	houry 23	194.
8. AGE: Years	Months	Days It less than one day	Immediais cause of death	jaron	ary	DURATION
57	11	2 min.	aeec	uara		1-6623
					- Salara	•
9. Birthplace	(Town, c	L County, Md.	Due to			7420
10. Usual occupation	non	ne	Due to Grates	inselo	LOLLY	
11. Industry or business			general.	walan	diel.	• • • • • • • • • • • • • • • • • • • •
当 12. Name	Jeremial	W. Robertson	Other conditions LCo	Arnes	ston	
12. Name	Mary	yland		OF .		
置 14. Malden name	Clara I	3. Poole	(Include pre	egnancy within 3 mo	onths of death)	
15. Birthplace	- Mary		Major findings of operations.			
≥1 15. Birthplace						••••••
16. Informant		v Caple	PHYSiCiAN: Piease underlin			statistically.
Address	Westmi	nster, Md.	22. VIOLENCE: If death was			
17. burial (Burial, cremation, or removal, Which?) Date thereof. 2/26/48 (month) (day) (year)			Accident, suicide, or homicide			
(Burial, cremation, or removal, Which?) (month) (day) (year) Cemetery or crematory Sandymount Cemetery			Whare did Injury occur?			
	•		Injured at home, farm, Industr			(State)
		mount, Md.	Means of Injury	Al hearts himse fatter	Injuged at work?	
18. Funeral director		cancis Reese	1 /	1-11	1	_
Address	West	minster, Md.	S SIGNATURE	Leve	Beech	er
19	1948	All how how	1/1/0/7		11	or other
(Date reo'd by regi	strar)	Registrar	Address Address	undle	1 Date signed	2/24/48



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especially, PLAINLY

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

2 HISHAL RESIDENCE (HOME) OF DECEASED.

County Carroll			(For newborn infants give residence of mot	her)	
County	- murto- 1	hanrl and	State Maryland County		
City or town. Henryton, Maryland (If outside city or town limits, write RURAL and give nearest town)			Da 2 dd mama		
How long in above place of death? 25 days			(If outside city or town limits, we	rite RURAL and give nearest town)	
Hospital, Institution, or street address where death occurred:			Street No. 213 N. Wolfe	Street	
Marylan	d Tuberci	ulosis Sanatorium	(If rural, give LOC	CATION)	
How long in hospital o	r Institution? CO.	lored Branch, Henryt	D(a) If veteran, name war	<i>V</i>	
3. (a) FULL NAM	E			3. (b) Social Security Number	
	Report of Printer	Frank Edward Chase 6.(a) Single, married, widowed, or divorced	Labora Laboratoria	218-07-5950	
4. Sex	5. Cotor or race	6.(a)Single, married, widowed, or divorced	MEDICAL CER	TIFICATION	
male	col	Married	20, DATE OF DEATH February 1:	1 48,4:45	
	Hal	en Chase	21. I CERTIFY that death occurred on the date above s	-	
6,(b) Name of husband	or wife	eli onase	January 19 , 48	8 in February is 48	
	***************************************	6.(c) If allve, give ageyears	and that I last saw h. 1m. alive on Febru	uary 11 19 48	
7. Sirth date of deceased (mo., day,)	yr.) Nove	mber 20, 1904	Immediate cause of death		
8. AGE: Years		Days If less than one day	Pulmonary Tuberculos		
43	5.5	22min.	TALIOUALY TABLECTOR	1939	
	altimore	- Daw	Due to.		
9. Birthplace	(Town,	county, and atate)			
10. Usuat occupation.	Shippin	g Clerk			
11. Industry or busines			Due to		
oci H	rank Cha	se			
TE I I . IS SHITE			Dther conditions		
13. Birthplace	Grayson,	Maryland	(Include pregnancy within 3 mont	tha of death)	
至 14. Malden name.	Emma Tay	lor	Major findings of operations		
E 15. Birthplace	Gravson.	lor Maryland d			
	Decesse	đ	Date of op.		
16. informant	Decease		Autopsy results	death should be charged statistically.	
Address			22. VIOLENCE: If death was due to external causes,		
17 Duri	al.	Date thereof (month) (day) (year)			
(Burial, cremation, or removal, Which?) (month) (day) (year)			Accident, suicide, or homicide		
Cemetery or cremat	ory Mi	alrany cem-	Where did injury occur?(City or town)	(County) (State)	
Location a.	a. Por	the try me.	Injured at home, farm, Industry, public place (where	?)	
LUCATION	5 50 4 6	6 2-6, 8	Misans of Injury	Injured at work?	
18. Funeral director	() July	a ocks.		_	
Address	1304	n. Central and	23. SIGNATURE Calou TOS	Louge m. n.	
13. 3. 3	3 40	100 101 11	U	M. D. or other	
(Date rec'd by re	1 19 48	Local Deputy Registrar	Address Henryton Mar	ylandpate signed 2/11/48	
(Date lee a b) le		DOCAT DODGAY			



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICA	TE OF DEATH Reg. Dist. No	///
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State City or town (If outside city or town limits, write RURAL and give near (If rural, give LOCATION)	ef
How long In hospital or Institution?	2.(a) If veteran, name war	
3. (a) FULL NAME John E Blas	3. (b) Social Security 1 /89-07-)	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	-
m w mi	20. DATE OF DEATH Fet 15 19 48	10.40%
B,(6) Name of November or wite Ada & Class 6.(c) If alive, give age 6.8 year	21. I CERTIFY that death occurred on the date above stated; that I attended decea	sed from
7. Birth date of 1000 74 - 1077	and that I last saw hand. alive on	4 19 4 8
8. AGE: Years Months Days If less than one day	Immediate cause of death Circhial Throntpis	DURATION 3 who
9. Birthplace (Townfcounty, and state)	Due to Cerebral arterio oclimo	1 yem
10. Usual occupation	Due to	***************************************
E 12. Name Charles Elds	Other conditions at their - Selentin	6 учел
14. Maiden name Maggie Theirit 15. Birthplace Elemany	(Include pregnancy within 3 months of death) Major fiadiags of operations	
E 15. Birthplace Clemany	Date of op	
16. Intermant Mus Jalus Blus	Actopsy results	statistically.
Address 17. Buriel eremation or removal (Which?) (Ruriel eremation or removal (Which?)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide	
(Burial, cremation, or removal Which?) (month) (day (year))	Where did Injury occur?	(State)
Location Churcle go. md		******************************
Ed 10 a Wilston	Means of Injury Injured at work?	
Address Adultated Me	Maurie C. Parter fre	ul
19. Feb 17 19. 48 John S. Hughes.	he de meters med M.D.	2-16-48



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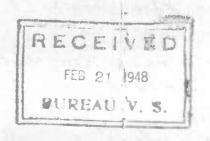
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01510 eg. Diat. No. 76

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Cilvarian Reveal mese Westercasta Red	State Maryland County Carroll
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death?	City or town Pural resulting to the City or town limits, write RURAL and give nearest town
Hospital, Institution, or street address where death occurred:	Street No. (Charles St.)
(Chales theet)	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veterao, name war
3. (a) FULL NAME	3. (b) Social Security Number 214-01-0672
4/Srx 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
The Cold Marie	
in colored manua	2D. DATE DF DEATH. 10-17-1948 at 8.10 M
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	and that I last eaw h allive on File / 6 - 1948
deceased (mo., day, yr.) And, 20 1896	Immediate cause of death
8. AGE: Years Months Daye If lese than one day	Myo cardelis (chr)
5 2 5 2 2 min.	Mysims (em) gifting
9. Birthplace	Due to.
1D. Usual occupation	Due to.
11. Industry or business	DUS 19
12. Name Leither C. Cron	Dther conditions
	(Include pregnancy within 3 months of death)
E 14. Maiden name Ella May Cross 15. Birthplace Crosl C. Fud.	Main Suline of exercises 7/
\$ 15. Birthplace Caroll Co. nel.	Major manage of operations // My Date of op.
16. Informant Mars: Ella M. Cross	Autopsy results
Address Charles It . Westmenste Will	22. VIOLENCE: If death was due to external causes, fill in the following:
17. Survey Date thereof 2 (month) jddy) (year)	Accident, suicide, or homicide
1. The Planter	Where did injury occur?
Cemetery or erematory	(City or town) (County) (State) Injured at home, tarm, industry, public place (where?)
Location Market West West Line Market	Means of Injury Injured at work?
18. Funeral director.	
Address / Whitester / Ma.	23. SIGNATURE W. C. Struck Ind.
19. (Date re'd by registrer)	Address Mistriche Ind Date signed 2-18-4
(Date rec.d by fedicitat)	Manicognition and an arrangement of the state of the stat



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CEDTIFICATE OF DEATH

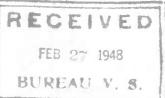
CERTIFICA	Reg. Dist. No
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Curcount la Manuland	state Maryland County Carroll
City or town	
How long in above place of death? 20 Yr. 2 Mths. 5 days	City or town Sykesyllle (If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No.
Springfield State Hospital	(If rural, give LOCATION)
How long in hospital or institution 26 yr. 2 mths. 5 days	2.(a) If veteran, name war
3. (a) FULL NAME GARNET L. DAWSON	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Married	20. DATE DE DEATH 2/25 19. 48 21/1:40 A.B
5.(b) Name of husband or wife George H. Dawson	21. I CERTIFY that death occurred on the date above stated: that I altended deceased from
& (e) If allyn give and	2/13 10 48 10 2/25 1948
7. Birth date of April 12, 1894	and that I last saw h. evalive on 2/24/48
Deceased (mo., day, ye.)	Immediate cause of death
8. AGE: Years Months Days If less than one day 53 10 13	Lamediate cause of death DURATION More through
53 10 13hrsmin.	Muocardial Begeneration 3 years
9. Birthplace St. Mary's County Maryland (Town, county, and alase) 10. Usual occupation Housewife prior to admission to industry or business	Due to
F 12 Name William Hilton	Dther conditions.
12. Name. William Hilton 13. Birthplace Maryland	
C 1 1d. Biringiace Maly Latte	(Include pregnancy within 3 months of death)
14. Maiden name. Mary Rutter 15. Birthplace Maryland	Major findings of operations
2 15. Birthplace Maryland	Date of on.
16. Informant Hospital records	Autopsy results Dilated Pt Ventriele, Chronic Parvice Congestion
	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Springfield State Hospital	22. VIOLENCE: If death was due to external causes, fill in the following:
Sykesville, Maryland 74. 27-48 (Burial cremetion or removal, Whick?) (Burial cremetion or removal, Whick?)	Accident, suicide, or homicide
(Burial, cremation, or removal. Which?) (month) (day) (year)	
Cemetery or crematory	Where did injury occur? (City or town) (County) (State)
Location Belto lo.	Injured at home, farm, Industry, public place (where?)
OE Hene: Sug	Means of Injury Injured at work?
18. Funeral director	n. A O n. h.
Address Officiation med.	20 SIGNATURE Morton Jacobs M.D.
Let 25 119 Offerme Veren	Salar Right State Hase M. D. or other
(Date rec'd by registrar) Registrar	Adverss Date signed

BINDING FOR MARGIN RESERVED

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The ois especially important. Physicians: please write the causes of death clearly and legibly. A15 SA

WRITE

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01512

Reg. Diat. No. 74

1. PLACE OF DI	EATH:		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
C-1			state Maryland County Baltimore		
City or fown					
		lays	City or town Cockeysville (If outside city or town timits,	write RURAL and give nearest town)	
	r street address where		Street No		
		Hospital	(lfrural, give)		
How long In hospital	or Institution? 6 de	ays	2.(a) If veteran, name war	······································	
3. (a) FULL NAM	IE			3. (b) Social Security Number	
I	sabel S. De	orsett			
4. Sex	5. Color or tace	6.(a)Single, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
female	white	widowed			
			20. DATE OF DEATH February 2		
B.(b) Name of husband	or wife. Samu	el H. Dorsett	21. I CERTIFY that death occurred on the date above		
			February 14,		
7. Birth date of	w /.	e 13th 1874	and that I last saw her alive on Febr		
deceased (mo., day,		Days It less than one day	Immediate cause of death	DURATION	
7.4		7	Hyperleviewe Cardiovasiu	la dillare:	
			- Meneralised and marketing	Cic 2	
9. Birthplace	St. Louis,	Missouri	Due to Dialetes mellitu	2	
	(Town,	county, and state)	Psychosis with cereby	al	
10. Usual occupation			Que to arteriosclerons	7 mon	
11. Industry or busine	ss				
H 12. Name	George Sou	thall	Other conditions		
	Baltimore,				
8	Fenny C	unningham	(Include pregnancy within 3 m	onths of death)	
14. Maiden name	rainty o	unningham e, Maryland ate Hospital records	Major findings of operations		
15. Birthplace	Baltimor	e, Maryland	-		
16. Informant Spri	ingfield St	ate Hospital records	Autopsy results		
	kesville.		PHYSICIAN: Please underline the cause to whi	ch death should be charged statistically.	
72	ACOVITIO,	2/24/15	22. VIOLENCE: If death was due to external caus	es, fill in the following;	
17. (Burial, cremativ	m or removal, Which?)	Bate thereof	Accident, suicide, or homicide	Date of	
Complete or commi	Wo		Where did Injury occur?(City or town)		
Cemetery or crema	/3.				
Location	1000		Injured at home, farm, Industry, public place (who		
1B. Funeral director	Willa	am Cook Jue	Means of Injury	Injured at work?	
Address	1217	St Paul st	Joseph X/. W	ushall, M.D.	
Leb	20 .19	Oddana Han	"Springfield State Hos	pital M. D. or other	
(Date rec'd by r	20 19 H 8	Registrar	0 1 177 11 7	and Date signed 2/20/48	

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FEB 20 1948 BUREAU V. S

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

	Ef.	Į.	()	10,
leg.	Diat	. 1	No.	8/

CERTIFICAT	E OF DEATH Reg. Diat. No.
County Clif or town Clif outside city or town limits write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother) State
3.(a) FULL NAME Martha Matilda Dudrear	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced white widowed 6.(b) Name of husband or wite Charles & Dudreau	MEDICAL CERTIFICATION 20. DATE OF DEATH
7. Birth date of deceased (mo., day, yı.) 8. AGE: Years Months Days If less than one day	and that last saw h 7 alive on 19 4 8 Immediate cause of death DURATION
9. Birthplace Dudwick County, and states, Maryland 10. Usual occupation Duniess 11. Industry or business 12. Name Sand Bastian 13. Birthplace Maryland 14. Maiden name Sandand Dogle 15. Birthplace Maryland	Due to
16. Intermant Maryland Address Cleuse Bredge Med	Autopsy results
17. Burial, cremation, or removal. Which?) Cemetery or crematory Intransport Cemetery Location 18. Funeral director. Distriction The Autifular of Sains Martiglar of Sains Martiglar of Martiglar	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
19 July 28 1948 Jest of Kells (Date rec'd by registrar) Registrar	Address Address Date signal

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MAR 5 1948

BUREAU V. S.

WRITE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Chartes St., Baltimore

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01514

W Dist No 74

CERTIFICATE OF DEATH

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Carroll				State Maryland County Frederick		
City or town Sykesville (If outside city or town limits, write RURAL and give nearest town)		URAL and give nearest town)				
How long in above place of	death? 21	lays		City or town Braddock Heights (If outside city or town limits, write RURAL and give ne	arest town)	
Hospital, Institution, or st	reet address where	death occurred		Street No.		
Springfie	ld State	Hospit	al	(If rurai, give LOCATION)	/	
How long in hospital or in	stitution?2	l days		2.(a) If veteran, name war none	V	
3. (a) FULL NAME				3. (b) Social Security	Number	
WALT	ER EADER			Kone		
4. Sex	5. Color or race	6.(a)Single	, married, widowed, or divorced	MEDICAL CERTIFICATION		
M	W		WIDOWED	20. DATE DF DEATH February 25 19 48	10:00 A	
6.(b) Name of husband or	wife ?			21. I CERTIFY that death occurred on the date above stated; that I attended deci		
				February 4 19 48 to February	25 19 48	
7. Birth date of	A	6.(c) It alive, give ageyears	and that I last saw h imalive on February 25		
deceased (mo., day, yr.)	3 1818			Immediate cause of death	DURATION	
8. AGE: Years	Months	Days	It less than one day	Chronic myocarditis		
70			hrsmin.	Kessertensine cardiovascular	2	
9. Birihplace	Frederic	k Count	y	Due to disease	***************************************	
		county, and s		A A A	** ************************************	
10. Usual occupation	Tallor	***************************************		Generalized arteriosclessis		
11. Industry or business	- 20	,				
当 12. Name Pet	er Mantz	Eader		Other conditions		
12. Name Pet						
				(Include pregnancy within 3 months of death)	1	
14. Maiden name				Major fiediogs of operations		
15. Birthplace	Frederic	k Count	ty			
16 Interment Reco	rd, Spri	ngfield	State Hospital	Autopsy results		
	sville.			PHYStCtAN: Please underline the cause to which death should be charged	statistically.	
0	SVILLE		1 .	22. VtOLENCE: if death was due to external causes, fill in the following:		
17. Burea (Buriai, cremation, o	r removal Which?)	Date there	(month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory.	mt. al		Cometers	Where did Injury occur?	************	
Gemetery or Crematory.	/		7-1		(State)	
Location	reder	cre-	D	Injured at home, tarm, Industry, public place (where?) Maans of injury tniured at work?	•••••	
18. Funeral director	5. 6. 6	Cene	You	Means of injury injured at work?	0	
Address	redo	rich	e-mf.	23. SIGNATURE Josedh X. Warshell	M.D.	
Jeby 2	5 .48	CA	any Keer	M. D.	or other	
(Date rec'd by regis	trar)	, ,	Registrar	Address Sykesville, Maryland Date signed	2/25/48	

FEB 27 1948
BUREAU V. S.

93d

01515

CERTIFICATE OF DEATH

Dia No. 74

/				Neg. Dist. No	
1. PLACE OF			2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of m	DECEASED:	
County. Carroll Cily or town. Sykesville. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 31 yrs. 2 mos. 3 days. Hospilal, insiliution, or sireel address where death occurred: Springfield State Hospital			State Maryland County Montgomery City or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION)		rest town)
		yrs. 2 mos. 3 days	2.(a) If veteran, name war	***************************************	
3. (a) FULL N.	AME ARRIE GERTRU	DE EVELY	•	3. (b) Social Security I	lumber
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CE 20. DATE OF DEATH. February 26	RTIFICATION	. 6:00 A
6.(b) Name of husband or wife			21. I CERTIFY that death occurred on the date above 19	e staled; that I attended decea	sed from ry 26, 48
8. AGE: 71	Years Months	Days Tress than one day 22 hrs. min.	Chronic myocard Caronary thrombo	ilis sis iosclerosis	OURATION 2
10. Usual occupat	Housewo	county, and atate)	Oue to	. paranoid tw	
13. Birthplace	ame Eliza Ev	ely unty, Maryland	(Include pregnuncy within 8 m	onths of death)	
16. Informant Records, Springfield Sate Hospital Address Sykesville, Maryland			Autopsy results	ch death should he charged a	
(Burial, cremation, or removal, White) Cemetery or cremators.			Accident, suicide, or homicide	(County)	(State)
18. Euneral direct	or Roff W	Barlie ms.	Injured at home, farm, Industry, public place (who Means of Injury	tnjured at work?	6
19. Zeb	26 19.48 y registrar)	Offarny Heer Registrar	23. SIGNATURE Total X. M. Maryl	and Date signed	8 · r other 2/26/48

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PLEASE WRITE

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FEB 27 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICAT	TE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME I Sorge 7. Parler	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Wale White Warred 6.(b) Name of husband or wife Margaret C. Eyler	MEDICAL CERTIFICATION 2D. DATE DF DEATH
7. Birth date of deceased (mo., doy, yr.) 8. AGE: Years Months Days It less than one day hrs. min. 9. Birthplace MacLeuch Crown, county, and state)	and that I last saw h. Long alive on
10. Usual occupation. Accitionely 11. Industry or business / getired	Due to
12. Name Leurs Leurs 13. Birthplace Maryland 14. Maiden name May Laure 15. Birthplace Mayland	(Include pregnancy within 3 months of death) Major findings of operations. Date of op.
Address Elister Breage Which? [Burial, cremation, or remayer Which?] Date the/eof	Actorsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Dafe of
Cemetery or crematory Detailed Constitution Constitution Designation of the Constitution of the Constituti	Where did injury occur?
19. Jet 2/ 19. 48 Sighings Registrar	23. SIGNATURE M. D. or other Address. M. M. D. or other Address. Date signed 2 - 19 - 49

RESERVED FOR BINDING MARGIN AD NG INK. Supply every item of information carefully. The Physicians: please write the causes of death clearly and legible

PLAINLY, WITH UNis especially important.

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BUREAU V. S.

St., Baltimore

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OF DEATH

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ADING INK. Supply every item of information carefully Physicians: please write the causes of death clearly and

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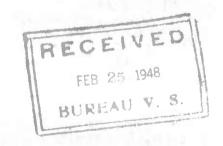
important.

WRITE PLEASE VS

					FE OF DEATH Reg. Dist. No.	74	
				CERTIFICAT	Reg. Diat. No.		
1. PLACE OF DEATH:					2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Carroll							
City or town:	Henry	ton, Ma	ryla	NURAL and give nearest town)	stat Maryland County		
Maria da alta alta alta alta alta alta alta	(II outs)	de city or town in	davs	3	City or to Baltimore (If outside city or town limits, write RURAL and give	nearest town)	
Hospital, Insti-	ove place of t	et address where	death occurre	d:	Sireet No. 1003 Pennsylvania Ave.	nearest town,	
"aryl	and T	ubercul	osis	Sanatorium	(If rural, give LOCATION)		
How long in h	ospital or Ins	titulion? Colo	red I	Branch, Henryto	2.(a) If veteran, name war	V	
3. (a) FUL!					3. (b) Social Securi	it- Number	
J. (G) 10L		-	_	7			
	1.5	Jessi Color or race	e Jai	nes Faulkner le, married, widowed, or divorced	241-03-0	431	
4. Sex	3.	Color or race			MEDICAL CERTIFICATION	- A.	
male		col	1	Married	20. DATE OF DEATH February 22 19 4	8 1:10	
	L	Tedd	v Fai	ilkner	21. I CERTIFY that death occurred on the date above stated; that I attended d		
6.(b) Name of	husband or v	vife		20	January 26 19 48 to Feb.	22 19 48	
7. Birth date o			6.0	c) If alive, give age 29 years	and that lest sawh im alive on February 22	19 48	
	no., day, yr.)	March	29,	1909	Immediate cause ni death	DURATION	
8. AGE:	Years	Months	Days	If less than one day	Pulmonary Tuberculosis		
	38	10	24			1947	
		ifor T	Ti mori.	oie			
9. Birthplace	iis1	ifax. Town.	county, and	14.5.	Due to	******	
		borer				1000000	
					Due to	*******	
11. Industry o	:MI 1 1	ie G. I	Pan le	nar			
12. Name	77 3	i Committee	aula	104	Other conditions		
≦ 13. Birthi	place Hal	ifax Co	o. V1	rginia	(Include pregnancy within 3 months of death)		
H 14. Maid	en nameN	lary Woo	ods				
TOW Sinth	oloco He	lifar	Co.	Virginia	Major findings of operations.	/4444 444 444 444 444 444 444 444 444 4	
1 13. Diffili	Do ac	o a a a d	000	Virginia	Date of op		
16. Informant		/1/			Antupsy results	ged statistically.	
Address	100	3 Den	M. I	+02.			
17 (0)	usial		Date the	reof 2-24-48	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide		
(Burial, c	remation, or	removal. Which?)	0	(month) (day) (year)			
Cemetery o	r crematory	MIC	alre	ry assalary	Whers did injury occur?	(State)	
Location	P	Jas 14	ill 7	THI. T	Injured at home, farm, Industry, public place (where?)		
EDGARION	-	271	1 /	1-1.1.1	Masons of Injury Injured at work?		
18. Funeral d	lirector	- do	and of	DA I	7 . (
Address	7/	8 perus	d /60	Le tue.	23. SIGNATURE Alukeu Hoffman m.	. 0.	
Feb.	22	. 48	no	101. 11	W.	D. or other	
19	d by regist	rar) 19	008	Deputy Registrar	Address Henryton, Maryland Date sign	red 2/22/48	

(Lot newborn migues Elac residence of	mother)	
Stat Maryland Cou	nty	
Baltimore		
(If outside city or town limits		arest town)
Street No. 1003 Pennsylv		
(If rurs), give	LOCATION)	V
2.(a) If veteran, name war		
	3. (b) Social Security	Number
	241-03-04	31
MEDICAL CI	ERTIFICATION	Λ.
20. DATE OF DEATH February	22 19 48	1:10 ^A
21. I CERTIFY that death occurred on the date about 15 anuary 26 and that I last saw h im alive on Feb	ve stated; that lattended dece 48 to Feb. 2 ruary 22	2 19 48
	······································	
Immediate cause al death. Pulmonary Tubercul	nei e	
		1947
Due to		********************
***************************************	,	***************************************
Due to		***************************************

Other conditions	***************************************	
(Include pregnancy within 3 i	months of death)	-
Major findings of operations		
Antapsy results		
PHYSICIAN: Please underline the cause to w	hich death should be charged	statisticaDy.
22. VIOLENCE: If death was due to external cau	ises, fill in the following:	
Accident, suicide, or homicide	Date of	
Whers did injury occur?(City or town)	(County)	(State)
Injured at home, farm, Industry, public place (w	here?)	
Masns of Injury	Injured at work?	
23. SIGNATURE Reuben 401	Gray m.	Or other



01517

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

			CERTIFICA	Reg. 1	Dist. No.
1. PLACE OF D	EATH:			2. USUAL RESIDENCE (HOME) OF DECEASED (For newborn infants give residence of mother)	1:
County Ha	nriton 1	See [weel	***************************************	State Maryland County	
City or town			and give nearest town) 5. days	City or town. Baltimore (If outside city or town limits, write RURA)	
	or street address where			Street No. 123 Amity Street	Ž
		ulosis S lored Br	anatorium anch Henryto	(If ruroi, give LOCATION)	./
How long in hospital		Tored br	andir menryud	2.(a) 11 veteran, name war	······································
3. (a) FULL NAM	ME			3. (b) Sec	ial Security Number
	J	oseph Fo	rd	217.	-01-9531
4. Sex	5. Color or race	6.(a)Single, marri	ed, widowed, or divorced	MEDICAL CERTIFICA	
male	col	Wi	dowed	20. DATE OF DEATH. February 10	1948 4:30
				21. I CERTIFY that death occurred on the date above stated; that September 5 19. 47 to	
7. Birth date of			ve, give ageyears	and that I last saw h. im. alive on February	10 19 48
deceased (mo., day	ye) June	27, 1880)	Immediate cause of death.	
8. AGE: Yea	ers Months	Days If	less than one day	Hulmonary Tuberculosis	
6	7 7	14	hrs min.		2045
	Labore	, cou de ate)	Maryland	Due to	
質 12. Hame	Roy Ford			Other conditions	
	in Carol				
				(Include pregnancy within 3 months of death	
H 14. Maiden nam	Frances Catons			Major findings of operations	
≥ 15. Birthplace	" Uatonsi	rille, Ta	ryland	- Date -	e of op
18. Informant D	eceased	***************************************		Autopsy resolts.	
Address				PHYSICIAN: Please underline the cause to which death shou	
13.	ide	2	-14-48	22. VIOLENCE: If death was due to external causes, fill in the f	
(Burhi crematic	on, or removal. Which	Date Incredit	(month) (day) (year)	Accident, suicide, or homicide	
Cemetery or crema	lory not C	rubu	m	Where did injury occur?	anty) (State)
12	7111.	mos	<u>_</u>	Injured at home, farm, Industry, public place (where?)	
Location	8	1 20	01-17		d at work?
18. Funeral director	naue	LO ST C	vopus		
Address 57	271. Ca	well	welle.	23. SIGNATURE Muhen Moffma	u, m.D.
19. Date rec'd by	10 19 48		Penut v Registrar	Address Henryton, Maryland	

Loca

FOR BINDING RESERVED MARGIN WITH UNFADING INK. Supply every item of information carefully. The correct important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, v A15 NS



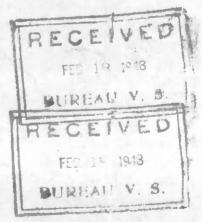
7.

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County Carroll	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
	State 3 aryland county Carroll
(If outside city or town limits, write KUKAL and give nearest town)	City or town (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 45 45.	
Hospital, Institution, or street address where death occurred:	Street No. 133 6. Green
133 6. Drum	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3.(a) FULL NAME & fla man Forms	3. (b) Social Security Number
Etla Tay Torres	1 your
4. Sex 5. Color or race 6.(a) Single, Maried, widowed, or divorced	MEDICAL CERTIFICATION
7 W Single	2D, DATE OF DEATH
	21. I CERTIFY that death occurred on the date above slated; that I attended deceased from
6,(b) Name of husband or wife	about Jours 15 1846 10 2-15 1943
7. Birth date of	and that I last saw h 2 alive on 2 - 1.3
deceased (mo., day, yr.) 2 - 1866	Immediate cause of death
8. AGE: Years Months Days It less than one day	Condis- vocaular deacons 10 year
8/ 2 //hrsmin.	will be furtining
8. Birthplace Carroll Co. md.	Due to.
(10wn, county, and state)	
1D. Usual occupation	Due to
11, Industry or business	Possible
12. Name Clsaar 6. Fornist 13. Birthplace Carroll Bo. Md.	Dither conditions Cerebrul lemonlings month
13. Birthplace Courrell Go. nd.	(Include pregnancy within 3 months of death)
14. Maiden name Diana albungh. 15. Birthplace Carroll Go. Md.	
S Sirthologo La ask off Co. md.	Major fiodiage of operations.
2 13. Birmpiace. O di Vicio Co.	Date of op.
16. Informant MR. G. L. G. J. L. G.	Autopsy results
Address 176 W. Jain, Wistminster, 74.	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burfal, cremation, or removal. Which?) Bate thereof	Accident, suicide, or homicide
Cemetery or crematory Likes Crank mulhodist	Where did injury occur? (City or town) (County) (State)
Location Wakefuld, Barroll Go. M.d.	Injured at home, farm, industry, public place (where?)
18. Funeral director & Busileur & Joseph	Means of Injury Injured at work?
	MAillinealen In.D.
Address affetmination md.	23. SIGNATURE M.D. or other
19 7/6 19 8 Allerantural	to the hading and all
(Date rec'd by registrar) Registrar	Address Dale signed Dale signed

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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CERTIFICATE OF DEATH

CERTIFICA	TE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County City or town. Cural Curations (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Nospital, institution, or street address where death occurred: R-D - 4. How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State 2. Anyland County Gallow County (If outside city or town limits, write RURAL and give nearest town) Street No. P. J. (If rural, give LOCATION) 2.(a) If veteran, name war
3. (a) FULL NAME fane Foster	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Willow 6.(b) Name of husband or wife. Assuring It as less	MEDICAL CERTIFICATION 2D. DATE DF DEATH, Falsuary 2. 6
6.(c) Name of husband of wife	Immediais com of death Durat 18.4 10.4
9. Birlhpiace (Town, county, and state) 10. Usual occupation 2	Due to.
11. Industry or business 12. Name	Dither conditions. (Include pregnancy within 3 months of death)
14. Maiden name. 2 1 Priorio. 15. Birthplace 16. Informant Mrs. Qdam Foster	Major findings of operations. Date of op.
Address Wishminster R.B. 4. M.d. 17	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Location Wishminster md.	(City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury Injured at work?
Address Afteriors and Services and Address Afteriors and Services and	23. SIGNATURE Willem perche

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(Date rec'd by registrar)

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BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

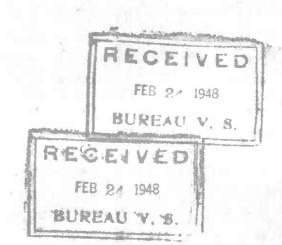
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01520

Reg. Diat. No. 74

CERTIFICATE OF DEATH

A. PLACE OF D			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County. Carroll City or town. Sykesville (If outside city or town limits, write RURAL and give nearest town)			State Maryland County Frederick		
How long in above pla	ce of death? 2 y.r.	s. 2 mos. 27 days			
	or street address where	Hospital	street No. 247 Washington Street, Fred!	Md.	
		rs. 2 mos. 27 days	(If rural, give LOCATION)		
			2.(a) If veteran, name war	······································	
3. (a) FULL NAI			3. (b) Social Security	y Number	
	GOODMAN	George Thomas Go	odman		
4. Sex	5. Color or race	M.,	MEDICAL CERTIFICATION		
male	white	single	20. DATE OF DEATH February 19 19.48		
C (b) Name of buches	ud or wife	qua eng	21. I CERTIFY that death occurred on the date above stated; that I attended de-		
B.(O) Name UI Hussan			September 1 19 47 , to Feb. 18	19.48	
7. Birth date of	_		and that I last saw h. imalive on February 18	19 48	
deceased (mo., day		Aug. 4, 1879 Days If less than one day	Immediate cause of death		
8. AGE YEAR YEAR		15 hrs. mir	Bronchopneumonia	2 days	
9. Birthplace	Frederic (Town,	eounty, und state)	Due to		
	laborer		B. A.	****	
11. Industry or busin	ess		Due to		
		T.Goodman	Other conditions Psychosis with arterio-	7 yrs.	
12. Name?	? Freder	ick, Md.			
	? Sarah	k.Hoffman	sclerosis (Include pregnancy within 3 months of death)		
TOY 15 Pinted	? Hrede	rick Co.Md.	Major findings of operations.		
			Date of op.		
16. InformantRE		he Springfield State	PHYSICIAN: Please underline the cause to which death should be charge	d statistically.	
Address	Н	ospital	22. VIOLENCE: If death was due to external causes, fill in the following;		
17 Buria	on, or removal. Which?	Date thereof Heb. 21 1948 (month) (day) (year)	Accident, suicide, or homicide		
		vet			
			Where did Injury occur?		
Location	Frederi	CK, Mid.	Injured at home, farm, Industry, public place (where?)		
18. Funeral director.	L.K.Etc	hison & Son	Means of Injury Injured at work?		
	rrederi		marin bross	m.D	
Leb 2	0 46	Story Ken	Martin Gross, M. D. M. D	or other	
(Date rec'd by	registrar)	Registre	Address Sykesville, Maryland Date signed	2/19/48	



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

	E OF DEATH Reg. Dist. No	74	
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County City or town. Baltimore (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war.		
3. (a) FULL NAME	3. (b) Social Securit	y Number	
GLENDORA GRIFFIN 4. Sea 5. Color or race 6.(a)Single, married, widowed, or divorced			
	MEDICAL CERTIFICATION		
Female Colored Single	20. DATE DE DEATH February 12, 19 4	8 .11:30	
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended de l' November 19, 19, 47, 10 Feb. and that I last saw her alive on February 12,	12, 1948	
8. AGE: Years Months Days It less than one day 21 7 18 hrsmin.	Pulmonary Tuberculosis	July	
9. Birthplace Baltimore, Maryland (Town, county, and state) 10. Usual occupation. None	Oue to		
11. Industry or business 12. Name	Dther conditions		
14. Malden name Marie Griffin 15. Sirthplace Maryland	(Include pregnancy within 3 months of death) Major findings of operations		
16. Informant Deceased	Autopsy resolts. PHYSICIAN: Please underline the eause to which death should be charge		
17. (Burial, cremation, or communal, Whierry Date thereof (month) (day) (rear) Cemetery or crematory (acceptance) Location (Brock Color)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide	(State)	
18. Funeral director Con Constant of Address 1000 Stant of Que, Feb. 12 48 Alberta Armanda	23. SIGNATURE Peulous Wolfman? Henryton Md	n. D.	

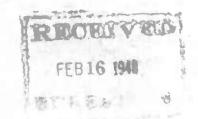
Deputy

Registrar Address Henryton, Md.

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(Date rec'd by registrar)



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1. PLACE OF			2. USUAL RESIDENCE (HOME) 0 (For newborn infants give residence of	F DECEASED:	
		mits, write RURAL and give nearest town)	state Maryland con		
How long in above p	lace of death? 18	rs. 9 mos. 16 days	City or town Baltimore (If outside city or town limit	s, write RURAL and give no	earest town)
Springf	or street address where ield State I	lospital	Street Mo(If rural, give		
How long In hospita	al or Institution? 18 3	rs. 9 mos. 16 days	2.(a) If veteran, name war		
3. (a) FULL NA	AME IAYNARD GUTRI	IDGE		3. (b) Social Security	Number
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL C	ERTIFICATION	0
M	W	SINGLE	20. DATE OF DEATH February 27	(94)	7 12:40A
7. Birth date of deceased (mo., d	ay, yr.) Aug. ears Months S Baltimory on Huckster		21. I CERTIFY that death occurred on the date above 19. and that I last saw h I.M alive on F. Immediate cause of death Pulmonary Tubblicals Due to Due to	6 Februar ebruary 27 gis	ry 27 ₁₉ 48
12. Name	Henry Hi	tridge inid Hochstein Maryland	Other conditions Schripophilenia, A		
t6. Informant	1 1.70	andl	Antopsy results Pulmonary tubblese PHYSICIAN: Please underline of caose to w	brie	
17(Burian, email	tion, or removal. Which?)	Date thereof. That 1 1948 (month) (day) (year)	22. VIOLENCE: If death was due to external cau Accident, suicide, or homicide	Dale of	
Location			Injured at home, farm, Industry, public place (w		
18. Funeral directo		A	Means of Injury	Injured at work?	
Address 19. Jeb (Date rec'd by	27 1948	Coffany Heer	23. SIGNATURE ASSESSMENT Address Spillalited State A	Marshall, oskital Date signed	or other

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BUREAU V. S.

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2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01523 Reg. Diat. No. 74

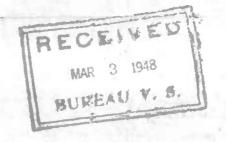
	-
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County January	(For newboth infants give residence of mother)
City or town	State County A Additional County
	City or town
How long in above place of death?	
throng fulle & dall Stospilal	Street No
How long in hospital or institution?	2.(a) if veteran, name war
3. (a) FUEL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married widowed, or divorced	MEDICAL CERTIFICATION
QJ. W Single	20. DATE OF DEATH JULY 2 3 d 1948 317 Q
6.(b) Name of husband or wife	21. I CERTIFY that death occurred the date above stated: that I attended deceased from
S.(c) If alive, give ageyears	924 19 70, to 74 = 3 19.7,
7. Birth date of	and that I last saw halive on
deceased (mo., day, yr.) 8 A.G.F. Years Months Days If less than one day	Immediate cause uf death.
20 /	Cerebral Remorrance
57 4 1hrsmin.	- J
9. Birtholace	Due to fesseuleal hypertension
9. Birthplace	1/
1D. Usual occupation	Due to
11. Industry on by	
= 12 Dasion Thanks	Dither conditions
12. Coma Daniero Allanam 1.	
A: O	(Include pregnancy within 3 months of death)
14. Maiden restanda July Stands	Major findings of operations.
\$ 15. Birthplace for the state of the state	Date of op.
Allow Juliua a Vassechele	Autopsy results.
Patri Mariana Jerry WVa	PHYSICIAN: Please underline the cause to which death should he charged statistically.
Die Mandel 1040	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or ramoval, Which?) (Burial, cremation, or ramoval, Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or cremajory Himsefield Hooks, Cemetry	Where did injury occur? (City or town) (County) (State)
Location Symbolle, Md.	Injured at home, farm, industry, public place (where?)
18. Funeral director Coffacing Week	Msans of Injury Injured at work?
Address Sisterville Md.	1 1 21 - 21 - 21 - 21 - 21 - 21 - 21 -
AUUTESS 40 AV	23. SIGNATURE III I Resal Depuly hedre Persune
19. Max. 1948 Starry Rees (Date rec'd by registrar) Registrar	Address Wishwaler Mr. Date signed 2-23-4

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WITH UNFADING INK. Supply every item of important. Physicians: please write the causes

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. ..

How long in above place Hospital, institution, of	outside eity or town libe of death?	death occurred	URAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State		
3. (a) FULL NAM	Samuel D.H			3. (b) Social Security Number		
4. Sex Male	5. Color or race White		e, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH. 37.00 Am		
6.(b) Name of husband or wife. Mary E. Hawn T. Birth date of deceased (mo., day, yr.) Mar 2,1865				21. I CERTIFY that death occurred on the date above stated: that I affended deceased from 19		
8. AGE: Yea	rs Months 82 11	Days 18	If less than one dayhrsmin.	Immediatorause of death Duration DURATION		
11. industry or busine	laborer		tate)	Due to		
13. Birthplace	Catherine	Sowers	Md.	(Include pregnancy within 3 months of death) Major findings of operatious. Date of op.		
16. Informant MT:	s.Samuel D. Taneyto			Autopsy results		
Cemetery or crema	Harney, Md C.O.FUSS & Taneyt	SON own, Md	en Feb. 23. 1948. (month) (day) (year) an UM Melyung Local Reptura	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide		

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Diat. No. 7#

1. PLACE OF I		77		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	Carro		***************************************	State Md. county Balto, city
City or town	If outside city or town i	SVILLE imits, write	RURAL and give nearest town)	
Now long in shows ni	lace of death? 1 VI	. 5 mo	, 3 days	City or town Baltimore (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution,	, or street address where	death occurre	d: *	Street No. 2877 Chesterfield Ave
Springfie	eld State Ho	spital	. Sykesville, Md.	Street No
How long in hospita	or Institution?	yr, 5.	mo, 3 days	2.(a) If veteran, name war
3. (a) FULL NA		, Rich	ard, Ray	3. (b) Social Security Number
4. Sex	5. Color or race	6.(a)Sing	le, married, widowed, or divorced	MEDICAL CERTIFICATION
male	white	m	arried	20. DATE OF DEATH February 1, 1948 21 12,40A
6.(b) Name of husba	and or wife Marga	ret E.	Heath	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from
			c) If alive, give age?years	September 1, 1947 February 1, 1948
7. Birth date of deceased (mo., da	72 26 7		cy is anne, give ageyears	and that I last saw h
	ears Months	Days	If less than one day	Immediate cause of death DURATION Cerebral hemorrhage 1 day
73	1	6	hrsmin.	Cerebral hemorrhage 1 day
9. Birthnlace	Baltimore C	ity. M	id.	Due to
		county, and	state)	
10. Usual occupatio	on Barber			Que to
11. Industry or bust	ness	-		
		t Heat	h	Other conditions Psychosis with cerebral
E			•2•3•••••••••••••••••••••••••••••••••••	
	Englar			arteriosclerosis about 6 yr
14. Maiden nac	me Alice	Moffet		Major findings of operations.
HLOW 15. Birthptace	Frederi	ck. Vo		major madings of operations
			Springfield	Antopsy results. Heart infarct, lung edema.
Address S1	tate Hosp.	Carlonga	rillo Md	PHYSICIAN: Please underline the cause to which death should be charged statistically,
	0 0	Syresi	12 4 48	22. VIOLENCE: tf death was due to external causes, fill in the following:
17.2710	tion, or removal, Which?	Date the	reol #- #8 (month) (day) (year)	Accident, sulcide, or homicide
	4/1/	11 1 11	11 11.	
Cemetery or crem	natory	Yalla V	and J but that the training	Where did injury occur? (City or town) (County) (State)
Location O	alla	nd.		tnjured at home, farm, Industry, public place (where?)
	Mille	w ea.) 1	Doorte gree	Misans of Injury trijured at work?
18. Funeral directo	160	ut st	of our form	marin over, m.D.
Address	1 300 166		41	23. SIGNATURE Martin Gross, M. D. or other
10 Hely	19 H 8	Ca	Harry Weer	
(Date rec'd by	registrar)		Registrar	Address Sykesville, Md Date signed 2-1-48



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PLEASE

the correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01526

CERTIFICATE OF DEATH

		CERTIFICA	Reg. Dist. No		
A. PLACE OF DEA			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town Henryton waryland (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 2 yrs. 5 month			State Maryland County City or town Baltimore (If outside city or town limits, write RURAL and give nearest town)		
	Tubercu	death occurred: losis Sanatorium lored Branch Henryto	Street No. 220 N. Amity St. (If rural, give LOCATION) 7.(a) If veteran, name war.	/	
3. (a) FULL NAME		cy Hendricks	3. (b) Social Security 219-10-3		
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
female	col	Married	20. DATE OF DEATH February 2 19 4	P. 8, at 8:10 M	
6.(b) Name of husband	or wite Aar	on Hendricks	21. I CERTIFY that death occurred on the date above stated: that Lattended death August 2 19 45 to Peb.	2 19 48	
7. Birth date of deceased (mo., day, ye	July 4		and that I last saw h eralive on February 2		
8. AGE: Years	Months	Days If less than one day 290hrsmin.	Pulmonary Tuberculosis	The second secon	
10. Usual occupation. I	Housewif	n, N. Carolina county, and atate)	Due to		
13. Birthplace	Villingt	rrick on, N. Carolina	(Include pregnancy within 3 months of death)		
		Millington on, N. Carolina	Major findings of operations		
16. Informant	Deceased		Actopsy results	d statistically.	
17 Burns	or removal, Which	elvery com.	22. VIOLENCE: if death was due to external causes, till in the tollowing: Accident, suicide, or homicide	(State)	
Location	Plines	1. Wilson	Injured at home, farm, Industry, public place (where?)		
Address	ro Bi	antly not	23. SIGNATURE Maken Hoffman, m.), or other	
Feb. 2 (Date rec'd by reg	2 48 ristrar) L(allett Swarth	M. D.	2/2/48	



	ATE OF DEATH Reg. Dist. No	
1. PLACE OF DEATH: County City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State City or town (If outside city or town limits, write RURAL and give nearest tow Street No. (If rural, give LOCATION) 2.(a) It veteran, name war.	<i>(</i>)
3. (a) FULL NAME Joliu Haus	3. (b) Social Security Number	r
4. Sex 5. Cofor or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH. February 10 19 48 , 4	:31
8. (c) Name of husband or wife 8. (c) If allve, give age 7. ye 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 7. 4 14	Caronary gertery	19 19 DURATIO
10. Usual occupation	Due to	d we
16. Informant Address Reveal of Many Market 13/4/ [Burial, cremation, or removal, Which?] Date thereof Held 13/4/ (Burial, cremation, or removal, Which?)	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistics 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide	GY ally.
Cemetery or crematory Bethef Church of the Location Durish Bothef Church of the Location Durish Bethef Church Du	Whare did Injury occur?	
19. (Date rec'd by registrar) 19. (Date rec'd by registrar)	23. SIGNATURE M. B. Jr other Address Date signed 2	1-1

itreet No	OCATION)	
2.(a) It veteran, name war		
	3. (b) Social Securi	ity Number
MEDICAL CE	RTIFICATION	
DO. DATE OF DEATH February	y 10 194	8 4:30
1. I CERTIFY that death occurred on the date abov	e stated: that I attended d	leceased from
Caronary grt.	ne	By 2
ue to		

lue to		
Other conditions of the Conce Clean Concentration of the Concentration	tula	3da 8wu
Tajor findings of operations Benja	on Throt	Nu 194
Autopsy results		
PHYSICIAN: Please underline the cause to whi	11	ged statistically.
2. VIOLENCE: If death was due to external caus		
ccident, suicide, or homicide		
Whare did Injury occur?(City or town)	(County)	(State)
njured at home, farm, Industry, public place (wh	ere?)	
	tnjured at work?	

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CEDTIFICATE OF DEATH

CERTIFICAL	Reg. Diat. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town. (If outside eity or town limits, wee RURAL and give nearest town) How long in above place of death? Hospital, Institution, or street address where death occurred:	City or town (If outside city or town limits, the RURAL and give nearest town) Street No.
How long In hospital or Institution?	(If rural, give LOCATION) 2.(a) it veteran, name war
3. (a) FULL NAME Open Co. Jackson	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced married	MEDICAL CERTIFICATION 20. DATE OF DEATH. 7 1948 21 9 2
6.(b) Name of husband or wife Municipal Company Compan	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth dale of deceased (mo., day, yr.) arch 12 - 1869 8. AGE: Years Months Days ti less than one day	and that I last saw h Ltu. alive on Till 7 19 4 5 19 19 19 19 19 19 19 19 19 19 19 19 19
9. Birthplace	Oue 10.
10. Usual occupation	Oue 10
12. Name. Janua 3. O. A.	Other conditions
14. Malden name Mileie P. Jackson 15. Birthpiace Virginia	(Include pregnancy within 3 months of death) Major findings of operations.
16, Informant & Carrier Jack	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Westmenster, (Md. 17. Bureal (Burial, cremation, or removal. Which?) Date Thereof. Fish. (0.1948 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Cemetery or crematory meadow branch	Whers did Injury occur?
18. Funeral director 2415 and 2011	Msans of Injury Injured al work?
Address Wishman, Ind 19. February 19. 48 Julio Diffelolo Date rec'd by registrar Distraction of the second of th	23. SIGNATURE A SEGGIO M. D. or other Address Music Surja Date signed 2 7 4 8.



2411 N. Charles St., Baltimore

01529

CERTIFICATE OF DEATH

			02111111011	Reg. Diat. No		
1. PLACE OF DEATH:	1			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Carroll City or town Henryton, Maryland (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 2 month 30 days Hospital, institution, or street address where death occurred: Maryland Tuberculosis Sanatorium			nd URAL and give nearest town) 30 days : Sanatorium	Street No. 1004 N. Bond St. (If rural, give LOCATION)	eareat town)	
How long in hospital or institu	tion?Colo	red B	ranch , Henryt	? (a) If veteran, name war		
3. (a) FULL NAME				3. (b) Social Securit	y Number	
	Free	ddie	Johnson	215-22-5	397	
4. Sex 5. Co	ior or race	6.(a)Singi	e, married, widowed, or divorced	MEDICAL CERTIFICATION	Α	
male	dol	M	arried	20. DATE OF DEATH. February 9 19.48		
6.(b) Name of husband or wife Louise Johnson 6.(c) If alive, give age years 7. Birth date of deceased (mo., day, yr.) January 1, 1918			e) If alive, give ageyears	and that I tast saw h. L) 19 48 19 48	
	Months	Days	It less than one day	Immediate cause al death Pulmonary Tuberculosis		
30	7	8				
9. Birthplace Florence N. Carolina (Town, eounty, and state) 10. Usual occupation Laborer 11. Industry or business 12. Name Fred Johnson 13. Birthplace S. Carolina 14. Maiden name Unknown				Other conditions		
E 14. Maiden nameU.I.I	.v:1104.8611	***************************************		Major findings of aperatians.		
14. Maiden name Unknown 15. Birthplace Unknown 16. Informant Deceased				Aatopsy results		
Address 17. (Buryli, eremation, or ret Cemetery or crematory Location	broy 48	Vate there are a second of the	eof 2/2/3/geof (month) tday) (year) which the stay of	22. VIOLENCE: tf death was due to external causes, fill in the following; Accident, suicide, or homicide	(State)	

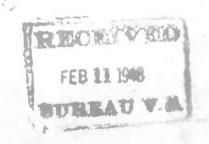
Pocal Deputy

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PLAINLY, V

PLEASE WRITE

1. PLACE OF DEATH:

Carroll

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

123

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

01530

CERTIFICATE OF DEATH

Reg. Dist. No. 74

City or town. Rural Sykesville (If outside city or town limits, write RURAL and give nearest town) How long in above piace of death? 2 yrs. 5 mo., 18 days. Hospital, institution, or street address where death occurred: Springfield State Hospital How long in hospital or institution? 2 yrs., 5 mo., 18 days.	State Maryland County City or town Baltimore (If outside city or town limits, write RURAL and give nearest town) Streel No. 301 South Bentlow Street (If rurat, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME JOHNSON, Guy	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced male White Widowed	MEDICAL CERTIFICATION 20. DATE OF DEATH. February 22 18 48 12,18 P
6,(b) Name of husband or wife	21. f CERTIFY that death occurred on the date above stated: fhal I alfended deceased from September 1 1948 to Febre 22 1948 and that I last saw h immalive on February 22 1948 Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	Intestinal hemorrhage 6 hrs
9. Birthplace Ralieghs N.C. (Town, county, and state) 10. Usual occupation Actor 11. Industry or business 12. Name	Due fo
15. Birthplace ? 16. Informant Records of Springfield State Hosp. Address Sykesville, Md	Antapsy results
17. Burial (Burial, cremation, or removal, Which?) Cemetery or crematory. Baltimore Baltimore 18. Funeral director. Address / 300 Entaw Place Baltimore	22. VIOLENCE: If death was due fo external causes, fill in the following: Accident, suicide, or homicide
19. (Date rec'd by registrar) 19.48 (Starry Neer Registrar	Address Sykesville, Md. Date signed 2-22-48



2. USUAL RESIDENCE (HOME) OF DECEASED:

E OF DEATH

			CERTIFICAT
Hospital, Institution,	outside city or town or street address where		ears
3. (a) FULL NAT			
3. (a) FULL NAI	nE	Will.	iAM P. JON
1. Sex Male	5. Color or race	8.(a)Single	married, widowed, or divorced
7. Birth date of deceased (mo., day 8. AGE: Yes	1, yr.) //	sui 6.60 luch	At alive, give age
9. Birthplace		Many L Morie	tate)
12. Name	24.	Day	md.
El 15. Birthplace 16. Informant Address 17	rial way	Date there	ung MA ung MA iol 2-15,1948 (month) (day) (year)
Cemetery or crem Location 7111111111111111111111111111111111111	a mx. a	and Color	Canol Bo his M. Walls Wills, Mid.
19. July- 1	registrar)	Jun	Thuy and Registrar

State Many Canal County	
(If outside Gity or town inpaces, w	rite RURAL and give nearest town)
Street No. P.D. Mi Cury (Wrural, give It)	' Mal.
2.(a) It veteran, name war	War I.
	3. (b) Social Security Number
23	100000000000000000000000000000000000000
MEDICAL CER	
20. DATE OF DEATH	1 2- 1948 al 4 Pm
21. I CERTIFY that death occurred on the date above	stated: that lattended deceased from 1to 12.1948 2to 13.48
Immediate cause of death Hum	onlage 3~0.
Due to	11/
Due to	
Other conditions	
(Include pregnancy within 3 mo	nths of death)
	4
Major fiadiags of operations.	Rate of on
Autopsy results	
PHYSICIAN: Please underline the cause to which	h death should he charged statistically.
22. VIOLENCE: It death was due to external cause	
Accident, suicide, or homicide	
Where did Injury occur?(City or town)	(County) (State)
Injured at home, tarm, Industry, public place (when	re?)
Means of Injury	Injured at work?
(170, 16	u Taale
ZJ. SIGNATUNETONES	M. D. and 2-14-48
7.1	

FOR BINDING RESERVED

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information carefully of death clearly and

WITH UNFADING INK. Supply every item of important. Physicians: please write the causes

especially

WRITE

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FEB 17 1948

BUREAU V. S.

MAR 4 1948
BUREAU V. S.

WRITE

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

	U	1	G	3	3,	/
Reg.	Diat.	No	• • • • •) _	1

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race Signated Signated 8.(b) Mame of husband or wife	MEDICAL CERTIFICATION 20. DATE DF DEATH. 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug. 14. 19.7.7. 10. Feb. 7. 19.4.8.
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If tess than one day Months Mont	and that I last saw h. flore alive on Feb. 7, 19 48. Immediate cause of death Pulmonary tubuculosis 2 months from 2
9. Birthplace	Due 10.
11. Industry or business 12. Name Jahn Kamasinski 13. Birthplace Poland	Other conditions Chapting 4 Colodiscu 3. (Include pregnancy within 8 months of death)
14. Maiden name Tilly Ruchwalski 15. Birthplace Phlass	Major findings of operations
Address	Antupsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: 11 death was due to external causes, 1111 in the following;
17. Quital Bate Ihereol Q - 1/2 (Burial, cremation, or removal Which?) (month) (day) (year) Cemetery Q - 1/2 (month) (day) (year)	Accident, suicide, or homicide
Location Baltimore and	Injured at home, farm, industry, public place (where?) Means of injury Injured at work?
19. 2/9/4 19. Q. W. / Deflect (Date rec'd (v registrar) 19. Registrar	23. SIGNATURE Joseph 4/- Wayhalf M. D. A. Addres Springfield Tale Hospital Bate signed 2/7/88.

WRITE PLAINLY is especiall

PLEASE

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93d

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	
City or fown (If outside city or town limits, write RUIVAL and give nearest town)	11. 12. 10.00
How long in above place of death? 18 Mears	(If outside city or town limits, write RURAL and/give nearest town)
Hospital, Institution, or street address where death/occurred:	Street No.
	(If rurul, give LOCATION)
How long in hospital or institution?	2.(a) If veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
annie Chrabeth.	Knitchle Trone
4. Sey 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Sample white widow	20. DATE DE DEATH Lele 20 1948, 21 5 30 13
The state of the s	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
B. (b) Namo of husband or wife Assault Assault Assault	" Jane 2 1048 10 Feb 20 1048
7. Birth date of	and that I last saw have alive on Feb 19- 1948
deceased (mo., day, yi.) /850	Immediate cause of death Chronic DURATION
8. AGE: Years Months Days If less than one day	Myorarthe
98min	1.
9. Birthplace Maryland	Due to arline solveni
(Town, eounty, and state)	
10. Usual occupation Assumption	Due fo
f1. Industry or business	
12. Name Whilesur Hogels 13. Birthplace Magyland	Dther conditions
13. Birthplace Wasseland	
	(Include pregnancy within 8 months of death)
E O	Major fiodiags of operations
El 15. Birthplace Maryland	Date of op.
16. Informant Mass. Margaret Cefair	Actorsy results. PHYSICIAN: Please coderline the cause to which death should be charged statistically.
Address Church Bridge Jud	
17 Burial Date Thereof Hel 22-1948	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, eremation, or removal. Which?)	Accident, suicide, or homicide
Cemetery or crematory All Meddess Coulded	Where did injury occur?
Location Belgswilles Mine	Injured at home, farm, Industry, public place (where?)
111111111111111111111111111111111111111	Means of Injury Injured at work?
18. Funeral director file by	0 3/14
Money mage Henry Juggor, M	23. SIGNATURE C. V. Leg 9
19 Jef 21 1948 Richman	M, D, or other
(Date rec'd by registrar) Registrar	Address Curry Defo signed 2-1



APR 21 1948

BUREAU V. S.

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The dorrest is especially important. Physicians: please write the causes of death clearly and Tegiply. FOR BINDING MARGIN RESERVED

WRITE

PLEASE

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01534

CERTIFICATE OF DEATH

	*			Reg. Dist. No	1
1. PLACE OF DEA	Larr	oll sville		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
How long in above place	of death?23	ears,	URAL and give nearest town) 1. month, 15 days	State Maryland County Baltimore City or town (If outside city or town limits, write RURAL and give ness unknown Street No. (If rural, give LOCATION)	
			1 month, 15 days	(it rural, give LOCATION) 2.(a) If veteran, name war	
3. (a) FULL NAME		-	a Knoche	3. (b) Social Security	Number
4. Sex female	5. Color or race white	6.(a)Single	e, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH. EXCESSES February 4, 19 48	at 12 a
7. Birth date of	January	6. (r) If alive, give ageyears	21. I CERTIFY that death occurred on the date above stated; that I attended dece January 2, 19. 42 to Fe bruary and that I last saw h. er alive on Fe bruary 3,	ased from r3. _y 1948
deceased (mo., day, y	Months	Days	If less than one day	Immediate cause of death Chronic myocarditis and myocardia	
9. Birthplace				degeneration about bue to hypertensive cardiovascular disease about	ut 2 year 9 years
11. Industry or business	s			Bue logeneralized are teriosclerosis about	15 years
12. Name F	Germany	3		Schizophrenia, hebephrenic type (Include pregnancy within 3 months of death)	30 years
1		ne X u	nknown	(Include pregnancy within 3 months of death) Major fiudiags of operations	
16. Informant Ho	ospital red ingfield St			Autopsy results	statistically.
17. Sulli (Burial, cremation,	of removat, Which?)	Date ther	eof (morth) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide	(State)
	Marth	1	Retter me.	Injured at home, farm, industry, public place (where?) Meens of injury Injured at work?	
Address 193	5 94	ford	ave	23. SIGNATURE June 1 Helenuse U. D.	or other
19. (Date rec'd by res	gistrar)	/ / 7	.W. Hedrick	Springfield State Hospital	2-4-48

DM Registrar

MARYLAND STATE DEPARTMENT OF HEALTH

41	1	N.	Charles	St.,	Baltimore

CERTIFICATE OF DEAT	
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	a ucual propercy (LICAGE) of promern.
PLACE OF DEATH: ounty	The state of the s
How long in hospital or institution?	2.(a) It veteran, name war.
3. (a) FULL NAME Mrs Mary M K.oont	3. (b) Social Security Number none
4. Sex 5. Color or race 6.(a) Single, married, wide	MEDICAL CERTIFICATION
F W widow	20. DATE OF DEATH February 19 1948 at 440
8.(b) Name of husband or wife O.R. Koontz S.(c) It alive, give age 7. Birth date of D. 23. 2005	yeare and that I last eaw h. C.T. alive on Feb. 19 19.
deceased (mo., day, yr.) Dec. 31,1867	Immediais couse of death Respiratory Failure DURAT
8. AGE: Yeare Months Days It less than or	
9. Birthplace	Due to. Bowel Obstruction
12. Name. William T.Shorb 13. Birthpiace Md	
14. Malden nameElizabeth Stambaugh	(Include pregnancy within 8 months of death)
15. Birthplace Md	Major findings of aperations. 100 MC
16. Informant George E.Myers Address Detour, Md.	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. Bulli Lation, or removal. Which?) Cemetery or crematory. Keysville	
Location Keysville, Md.	
18. Funerat director C.O.FUSS & SON	Meane of Injury 10 Injured 2t work? 23. SIGNATURE WY Bradleyh. M. D. or other Registrar Address Taney fown, Me Date signed 2-19

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FEB 23 1948

BUREAU V. S.

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VS A118

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01536 ·

Y	Nog. Dist. No.	1
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
county Carroll	state Maryland County	
City or lown	Boltimono	••••••
How long in above place of death?	. (If outside city or town limits, write RURAL and give neureal	t town)
Hospital, Institution, or street address where death occurred: Springfield State Hospital	Street No. 5303 Wesley Avenue, Baltimore	.7
How long in hospital or institution? 1 yr. 8 mos. 18 days	2.(g) if veteran, name war.	V
3. (a) FULL NAME	3. (b) Social Security Nus	mber
John Henry Linthicum	NONE-	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
male white widower	20. DATE OF DEATH February 24 19 48 at	6:18 p
6.(b) Name of husband or wife Engla LAVINIA LINTHIC	I CERTIFY that death occurred on the date above slated; that I attended deceased	from
	September 1 1947 to February 2	4 1418
7. Birth date of deceased (mo., day, yr.) December 28, 1872	and that I last saw himallve on February 24	19,448
8. AGE: Years Months Days If less than one day	Immediate cause of death	DURATION
74 1 26hrsmir	Arteriosclerosis	b yrs.
9. Birthplace Ann Arundel County, Maryland-Gale	SNILE)	***************************************
(Town, county, and state)	Jermingl Bronches neumania	***************************************
10. Usual occupation OFFICE MANAGER	Due to. (
11. Industry or business LEGG 4-Co (RETIRE	(0	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
12. Name Stephen Lee Linthicum 13. Birthplace Anne Arundel Co., Md.	Other conditions Inguinal hernia	
	Psychosis with cerebral arterio (Include pregnancy within 3 months of Teathosis	6 yrs.
14. Maiden name Sarah Elizabeth Sherbert	Major findings of operations.	
15. Birthplace Anne Arundel Co., Md.	major realists of operations.	25/48
16. Informant WALTER A. LINTHICUM	Autopsy results Pneumonia and pericarditis	
Address 5303 WESLEY HVE	PHYSICIAN: Please underline the cause to which death should he charged state	istically.
BURIAL 2/27/48	22. VIOLENCE: If death was due to external causes, fill in the following;	
(Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide	***************************************
Cemetery or exematory CEDAR HILL	Where did injury occur?	State)
Location HANNE ARUNDEL CO.	Injured at home, farm, Industry, public place (where?)	
18. Funeral director WM. J. TICKNER & SONS IN	Msans of Injury Injured at work?	
Address BALTIMORE, M.D.	merin Som mi	D.
7-11- 25 48 P 71 Hodres	Martin Gross, M. D. M. D. oro	
(Date ree'd by registrar) Registra	Colomod The Many Tond	/25/48

ly every item of information carefully write the causes of death clearly and BINDING WITH UNFADING INK. Supply important. Physicians: please wr PLEASE WRITE PLAINLY, v

01537

CERTIFICA	ATE OF DEATH Reg. Diat. No.
County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State City or town (If outside city or town limits, write RUIAL and give nearest town) Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME Hannie W. Lite	tle 3. (b) Social Security Number
4. Se 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH Survey 27 1548 21/1:30
6.(b) Name of husband-or wife. If avid I Hille.	21. I CER(IFY that death occurred on the state above stated; that I attended deceased from
1. Birth date of deceased (mo., day, yi.) Oct. 5 - 1867 8. AGE: Years Months, Days If less than one day	and that Ylast saw h. L. alive on J. L. J. 6 19 40 Immediate suse of death
80 4. 22 hrs-	In. diese yer
9. Birthplace (Town, county, and state) 10. Usual occupation (Town, county, and state)	Due to
11. Industry or business 12. Name Cauges Horesman	Dither conditions
13. Birthplace not Brown Hillebrulle	(Include pregnancy within 3 months of death)
15. Birthplace not Kuse W	Major findings of operations. Date of op.
Address Guerou Bredge Bul	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. Burial, cremation, or removal, Which?) Date thereof 3 (month) (day) (west)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Cometery or crematory Mausland Select Churcher Location Select Treat	Where did injury occur?
18. Funeral director & D. D. Harth Cas. Y Assume	Means of Injury Injured at work?
19. (Date rec'd by registrar) 19. Registrar	23. SIGNATURES T March M. D. or other Address Williamster M. Date signed Z-29-4

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MAR 5 1948

BUREAU V. S.



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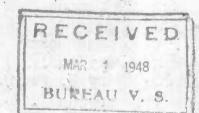
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01538

. Date signed 2-25-48

/		CERTIFICAT	TE OF DEA	TH	Reg.	Dist. No	76
City or town(If How long in above plac Hospital, institution, o	Carroll Rural W outside city or town li e of death? r street address where		State Maryland Coucty Carroll City or town Rural Westminster (If outside city or town limits, write RURAL and give nearest town) RD 6 (If rural, give LOCATION) 2.(a) If veteran, name war none 3. (b) Social Security Number			rest town)	
		Sarah Elizabeth	Lockard		1	none	
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced		MEDICAL CI			
female	white	widow	20. DATE OF DEATH	February	24	19 48	,2.10r
7. Birth date of deceased (mo., day. 8. AGE: Year 9. Birthplace	yr.) Marc s Months 4 11 Carroll (Town,	Baker	and that I last saw h. S. Immediate cause of de Purpor Due to		44 10 0 - 28	2-2	9 19 4 19 4 DURATION 4 2
		. Pennington	Major findings ol oper	rations.			
	rs. Charl	es T. Bitzel	Antopsy results	(
17bur	ial	Date thereot	Accident, suicide, or ho	onth was due to external cau omicide?		Date ot	
Location	Small	wood, Md.	Injured at home, tarm,	industry, public place (w	here?)	****************	
18. Funeral director	J. F	rancis Reese	Means of Injury 23. SIGNATURE	we.	cim		
19. (Date rec'd by re	156 ₁₉ 48	Registrar	Address	Vistrifica	la m	Date signed	2-26-4



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01539

CERTIFICAT	Reg. Dist. No.
County	2. USUAL RESIDENCE (HOME) OF DECEASED: (Fur newborn infants give residence of muther) State
	243/11 10:01dH, Hamo #41
4. Sex 5. Colon or race 6.(u) Single, married, widowed, or divurced	3. (b) Social Security Number MEDICAL GERTIFICATION
Male while Marind	20. DATE DF DEATH. # # 21 2 19 48, 21 M
6.(b) Name of husband or wife Struc Turnur	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth daie of deceased (mo., day, yr.)	and that I last saw better on Feb. 20th 1948.
8. AGE: Years Months Days tf less hao one day the min.	Jume date of death DURATION Jume date DURATION
9. Birthplace (Town, county, and state)	Due fo.
10. Usual occupation.	Due to
12. Name Pmil 7 7000	Other conditions Leurope Land
	(thelude pregnancy within 3 months of death)
14. Maiden name Cleansu Decho	Major liudiags of operations. Date of op.
16. Informant Many Food	Autopsy results
Address Clauseway Mac. 17 Bureal Date thereof 2/24/48	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, erematiun, ur remuval, Which?) (month) (day) (year) Cemetery or crematory January	Accident, suicide, or homicide
Location Parkville Msd.	tnjured at home, farm, industry, public place (where?)
18. Funeral director & 9. I flyning 1 Sou	Means of Injury Injured at work?
Address 1938 C. Tefatyille asc.	23. SURATURE TO E Tailus M. D. ur utber
19. (Date doubt by registrary) Registrary	M. D. ur utber

2411 N. Charles St., Baltimore

CEDTIFICATE OF DEATH

	CERTIFICATI	E OF DEATH Reg. Dist. No	7
1. PLACE OF DEATH: County Coun		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State State	ston
City or town (Mottsiae city of town limits, write RURAL and How long in above place of death?	give ne fest town)	City or town (If outside city or town finits, write RURAL and give near	rest town)
Hospital Institution, or street address were death Accurred	Toyfulal	Street No. (If rural, give LOCATION)	/
How long in hospital or institution?	da	2.(a) It veteran, name war	V
3.(a) FULTNAME	the Ely	afeth Lynch 3. (b) Social Security M	lumber
4. Sex 5. Color or race 6.(a) Simple/married, w	vidowed, or divorced	20. DATE OF DEATH	8-45 N
6.(b) Name of husband or wife	Lynes	21. I CERTIFY that death occurred on the date above stated that I alfended ecga	sed from
7. Birth date of deceased (mo., day, yr. 118	live all years	and that last saw h Laive on July	DURATION
8. AGE: Years Month's Days If less	than one dayhrs. min.	B I - Pressions	21
9 Sirihalace Xa		Due to.	
to. Usual occupation	fy	Oue to Gent. arten Velen	- Jun
## t2. Name	riman	Other conditions	
12. Name of lufament full			
14. Maiden amo April 15. Bishplace	uur-	(Include pregnancy within 3 months of death) Major findings ol operations	•••••
E 15. Biethplace		Date of op.	
18. Información de la companya del companya del companya de la com	Md.	Autopsy results	itatistically.
Address / Clary Date thereof	20-45 nonth) (day) (year)	22. VIOLENCE: It death was due to external causes, fill in the following: Accident, suicide, or homicide	
(Burial, cremation, or removel. Which?) Cemetery or crematory	Honth) (day) (year)	Where did injury occur?	
Location Branchow	park.	Injured at home, farm, Industry, public place (where?)	
ts. Funeral director, R. J. Earnish	aff	Means of Injury Injured at work?	
Address Fledysm	lle	23. SIGNATURE H. H. Mastry H. D.	A
19 Half 19 19 H8 C	eny Wells Registrar	Address Syperile Mante signed	717/48

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WITH UNFADING INK. Supply every item of important. Physicians: please write the causes

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BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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	-		
Rog.	Dist.	No.	74

1. PLACE OF DE				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
County Car		7		State Maryland County Mont	tgomery		
City or town. Henryton, Maryland (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 1 yr. 5 months 16 days				Wa mma u t o mm			
				City or town (If outside city or town limits, write RURAL	and give nearest town)		
Hospital, Institution, o	r street address where	death occurre	d:	Street No.			
Marylan	d Tubercu	llosis	Sanatorium	(tf rurai, give LOCATION)	1		
How long In hospital o	or Institution? CC	lored	i Branch Henryt	P2.(a) If veteran, name war. World War I	V		
3. (a) FULL NAM	IE			3. (b) Seci	al Security Number		
	То	ma c	Thomas Moland				
4. Sex	5. Color or race	6.(a)Sing	Thomas Moland le, married, widowed, or divorced	MEDICAL CERTIFICA	TION		
male	col	Si	ingle	20. DATE OF DEATH February 4	48, 10 P. M		
	10-71			21. I CERTIFY that death occurred on the date above stated; that \$\frac{1}{2}\$			
				10 10 10			
7 Di-it data of		6.0	(c) If alive, give ageyears	and that I last saw h im alive on February	4 19 48		
deceased (mo., day,	yr.) Septen	iber 2	28, 1893	Immediate cause of death			
8. AGE: Year	rs Months	Days	If less than one day	Pulmonary Tuberculosis			
54	4	6.	hrsmln.	ab.	3045		
G G	ermantown	, Me	arvland	Due to.			
1D. Usual occupation.	Farm La	abore	r	Due fa.			
11. Industry or busine	ss						
質 12. Name	Thomas Mo	pland		Other conditions			
12. Name	Germanto	own. I	Md.				
			1	(Include pregnancy within 3 months of death)			
14. Maiden name				Major findings of operations			
	Germanto			Date			
16. Interment Deceased				Autopsy results	he charged statistically.		
Address				22. VIOLENCE: If death was due to external causes, till in the following			
17 Buc	us)	Date the	reol 2/7/48	Accident, suicide, or homicide			
(Burial, crematio	n, or removal. Which?)	(month) (day) (year)				
Cemetery or cremat	tory de la		enny	Where did Injury occur?			
Location	coppe	7	nd -	Injured at home, farm, Industry, public place (where?)	***************************************		
10 Francis discrete	On-	- sh	Elfa Di	Means of Injury Injured	at work?		
18. Funeral director	01,-	_) a (KOA	200		
Address	Jan	uss	gung row	23. SIGNATURE COULDER WHEMAN	, 8n. D.		
19 Feb.	4 18 48	ale	et R. Swarls		M. D. or other		
(Date rec'd by r	egistrar)	Local	Deputy Registrar	Address Henryton, Maryland	Date signed		



2411 N. Charles St., Baltimore

01542

D	Dist	NI -	74
Keg.	Dist.	MO.	

CERTIFICAT	TE OF DEATH Reg. Dist. No
County Carroll City or tewn Sykesville (If outside city or town limits, write RURAL and give nearest town) Hew leng in above place of death? 1 month, 11 days. Hospital, Institution, or street address where death eccurred: Springfield State Hospital Hew long in hespital or institution? 1 month, 11 days 3. (a) FULL NAME	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State. Maryland County City or town. Baltimore (If outside city or town limits, write RURAL and give nearest town) Street No. 2830 Riggs Avenue (If rural, give LOCATION) 2.(a) If veteran, name war. 3. (b) Social Security Number
MARTIN NORFOLK	
4. Sex S. Color or race 6.(4) Single, married, widewed, or diverced DIVORDED	MEDICAL CERTIFICATION 2D. DATE DF DEATHFebruary 26
8. (b) Name of husband er wife. Lulu Raines 6. (c) If alive, give age. ? years 7. Birth date et deceased (me., day, yr.) 10/30/99 8. AGE: Years Menths Days If less than ene day 48 3 26 hrs. min.	21. I CERTIFY that death occurred en the date above stated; that I attended deceased from January 15 19 48 16 February 26 19 48 and that I last saw h im alive en February 26 19 48 Immediate cause al death Pulmanary tuberculosis 2 most
9. Birthplace Baltimore, Maryland (Town, county, and state) 10. Usual eccupation Laborer 11. Industry or business Unknown	Due te
12. Name. John E. Norfolk 13. Birthplace Calvet County, Maryland 14. Malden name. Estelle M. Hobbs. 15. Birthplace Frederick County, Maryland	Other cenditiens Psychosis with CNS Syphilis, tabo-paresis Unknown (Include pregnancy within 8 months of death) Major findings of operations. Date of ep.
Address Sykesville, Maryland 17. Burial, cremation, or remove Which (Burial, cremation, or remove) Which (Burial, cremation) 18. Funeral directer of the State	Antopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide

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BUREAU V. S.

Carroll				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County Kent		
City or fown				State Maryland County Kent City or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION)		
3. (a) FULL NAM	E		ola Numbers	2.(a) If veteran, name war	Number	
4. Sex	5. Color or race		e, married, widowed, or divorced	MEDICAL CERTIFICATION		
female	white	si	ngle	February 14 48	8.12	
	Mor 10	6.(c) If alive, give ageyear	daniary 2 to the homester	. 1 .4194	
8. AGE: Year 57	s Months	Days 4	tf less than one day	Bronchopneumonia		
9. Birthplace 10. Usual occupation 11. Industry or busine	Housewor	eounty, and	state)	Due fo		
12. Name	Fred C. Nu Maryland	mbers		Other conditions Psychoneurosis, mixed type	28 yea	
&	Ida Bell	Godwi	n	(Include pregnancy within 3 months of death) Major findings of operations		
16. Interment Ho	spital rec		ospital			
17. (Buria) Crematio	or removal. Whigh	ling	(month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide	(State)	
18. Funeral director.	Chur	lein	gton Med	Means of Injury Injured at work? 23. SIGNATURE Lecce Helawaes, U.	0	
	15 19 48	Œ	Stary Heer	23. SIGNATURE M.D. o Springfield State Hospital Signed M.D. o	2-14-4	

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BUREAU V. S.

Reg. Diat. No.

3. (b) Social Security Number

CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newbody infants give residence of mother) (If rural, give LOCATION)

City or town
How long in above place of death?
Hospital Institution, or street address where eath pocured:
Springfill Itale Wagualy
How long in hospital of institution?
3. (a) FULLONAME
live & F
Sex 5. Color or race 6.(a)Single, parried, widowed, or divorced
W Marued
Welmy Polmer
6.(b) Name of husband or will find the first t
7. Birth date of
R ACF. Years Months Days If less than one day
07 11 10
3/1/1/1/hrsmin.
9. Birthplace (Town Townty) and state)
Haralende
10. Usual occupation.
11. Industry or business
12. Name Dank Kan Thoualt 13. Birthplace
14. Maiden name Sarah Holling 15. Birthplace
\$ 15. Birthplace
16. Informant Molumn of almelon
Address Slat Pleasant My
(Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)

Carro

PLACE OF DEATH:

MEDICAL, CERTIFICATION 20. DATE OF DEATH 21. I CERTIFY that death occurred on the date above stated; DURATION (Include pregnancy within 3 months of death)

PHYStCIAN: Please underline the cause to which death should be charged statistically.

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(Date rec'd by registrar)

item of information carefully causes of death clearly and

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22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide..... Where did Injury occur?

Injured at home, farm, industry, public place (where?)

23. SIGNATURI

Registrar



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore CERTIFICATE OF DEATH

O HOUSE DECIDENCE (TIONATE) OF DECESCED

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Reg.	Dist.	No.	

County Westminster City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred:				(For newborn infants give residence of mother) Maryland State Westminster (If outside city or town limits, write RURAL and give nearest town) Street No. (If rurel, give LOCATION)		
How long in hospital	l or Institution?		***************************************	2.(a) tt veteran, name war		
3. (a) FULL NA	ME		EDWARD C. RI	GLER 3. (b) Social Secur	ity Number	
4. Sex	5. Color or race	6.(a)Single	e, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male	White	Sin	ngle	2D, DATE DF DEATH 2 - 4 - 48 19	1; A	
	***************************************		tt alive, give ageyears 2, 1882	21. I CERTIFY that death occurred on the date above stated; that I attended	deceased from Y - 19 4 & 18 4 &	
8. AGE: Ye	pars Months	Days 2	It less than one dayhrsmin.	Immedia cause of desth	Progressi	
9. Birthpiace 1D. Usual occupation	(Town, Far	county, and a	ryl and	Due to		
E	Geor	ge R Mary		Diher conditions The C2 Flore	Life	
es	Eliz	a El	gin	(Include pregnancy within 3 months of deeth) Mejor findings of sperstices.		
≥ 15. Birthplace	Irs. Merhl			Bate of op		
16. intermant		Airy		Autopsy results	ged statisticelly.	
(Burial, oremat	Burial Beth	Date there	2-6-48 (month) (day) (year)	22. VIOLENCE: It death was due to external causes, till in the following: Accident, suicide, or homicide	(State)	
Location Tay	orsville	, Carr	oll Co. Md.	Injured at home, farm, Industry, public place (where?)		
		M. W		Means of Injury Injured at work? 22 SIGNATURE TY		
19. Fl.	2 19. Y. 8 registrar)	W.	Cerna Danif		D. of other 748	



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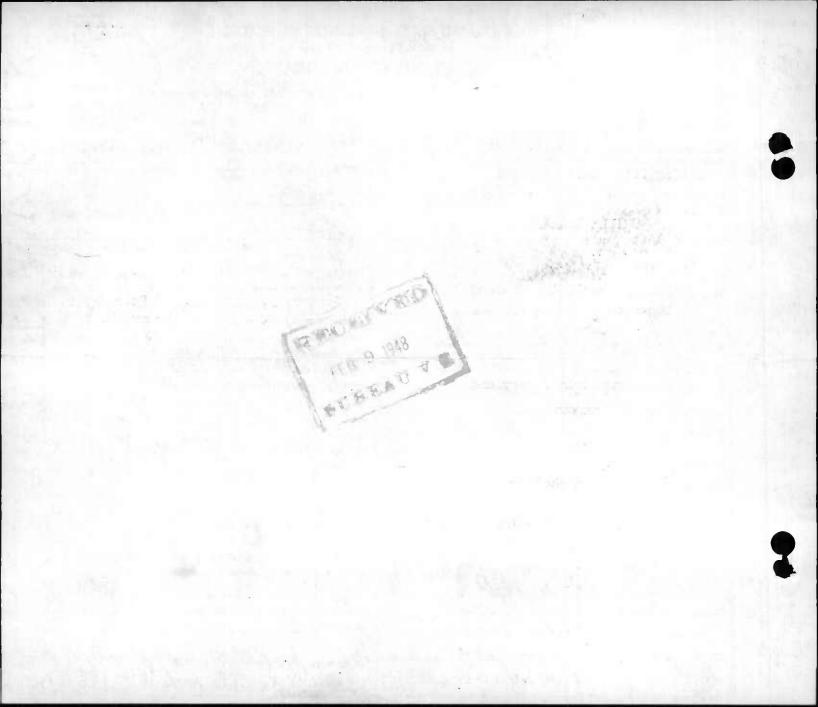
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01546 Reg. Diat. No. 74

CERTIFICATE OF DEATH

	and, Diet. Ho. marketing
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Carroll	(For newborn infants give residence of mother) State Maryland Washington
City or town Sykesville (If outside city or town limits, write RURAL and give neares	
How long in above place of death? 1 month, 2 days	City or town
Nospital, Institution, or street address where death occurred:	Street No.
Springfield State Hospital	(If rurai, give LOCATION)
How long in hospital or institution? 1 month, 2 days	2.(a) If veleran, name war
3. (a) FULL NAME URILLA ROWLAND	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or dive	vorced MEDICAL CERTIFICATION
F W M	
	20. DATE OF DEATH February 5, 19 48 N 3:20 P
6.(b) Name of husband or wife Christian Rowland	21. I CERTIFY that death occurred on the date above stated; that I aftended deceased from
Deceased 6.(c) If alive, give age	January 3, 18 48 6 February 5, 18 48
7. Birth date of deceased (mo., day, yr.) Unknown	and that I fast saw h
8. AGE: Years Months Days If less than one day	Generalized attended
75 ? ?hrs	min. Literasilerate heart disease:
Classi Coming Mamrland	
9. Birthplace Clear Spring, Maryland (Town, county, and state)	or to pure towns to the same
1D. Usual occupation	
11. Industry or business	Due 10
單 12. Name George Sprecher	Bither conditions Turner of both temporal ?
12. Name. George Sprecher 13. Birthpiace Maryland	Q.Q. 0 U
	(Include pregnancy within 3 menths of death)
T.	Major findings of operations.
	- Qale of op.
16. Informant Record, Springfield State Hospi	ital Actory results & A allowe
Address Sykesville, Maryland	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. Burial, cremation, or removal. White; Cemetery or crematory. Date thereof. Table S. / (month) (day)	1948 22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) (menth) (day)) (year) Accident, suicide, or homicide
Cemetery or crematory	Where did Injury Occur?
Location Stagerstown Md	Injured at home, farm, Industry, public place (where?)
18. Funeral director a. K. Coffin an	Maens of Injury Injured at work?
Address Hagustown Ma.	hoods H. marshall. M.D.
, Feb 6 , 18 OStarry)	Their Shi died 5/5/0 Haydid M. D. or other
(Date rec'd by registrar)	Registrar Address Must Dafe signed L. D. Dafe signed



CERTIFICAT	TE OF DEATH Reg. Diat. No
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County Pallianal Gh, City or town (If outside city or town limits, write RURAL and give nearey town) Street No. 3.30.5 January A. M. (If rural, give LOCATION) 2.(a) If veteran, name war
3. (a) FULL NAME Elmer Ellewatth Sanders 4. Sex H M 5. Color or race 6.(a) Single, married, widowed, or divorced warred	3. (b) Social Security Number MEDICAL CERTIFICATION 20. DATE OF DEATH
8. (b) Name of husband or wife Putth Mc Colland 5. (c) It allve, give age years 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day 5. 252 7 / 0 hrs. min. 9. Birthplace Ballimost City, and have 10. Usual occupation falmer 11. Industry or business Controlled Can Co and the surface of the surf	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 4. 10. 5. 19. 4. 19. 19. 4
Address 17. Burial Communication or removal Which?) Cemetery or crematory Mathimuse Communication	22. VIOLENCE: It death was due to external causes, fill in the tollowing; Accident, suicide, or homicide

FOR BINDING RESERVED MARGIN The correct age

information carefully. The of death clearly and legibly

WITH UNFADING INK. Supply every item of important. Physicians: please write the causes

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(Date rec'd by registrar)

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2411 N. Charles St., Baltimore

01548

CERTIFICA	ATE OF DEATH Reg. Dist. No. 74
1. PLACE OF DEATH: Carrelly	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Cily or town	City or iown Cumple County
How long in above place of death?	City or iown
How long in hospital institution? 2 41 June 2	(If rurai, give LOCATION) 2.(a) If veteran, name war
3. (a) FULL NAME Laura Ser	an Sapp. 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widgwed, or strotted Windowski	2D. DATE DE DEATH. MEDICAL CERTIFICATION 2D. DATE DE DEATH. DE LA STATION 2D. DATE DE LA STATION 2D. DATE DE LA STATION 2D. DATE DE DEATH. DE LA STATION 2D. DATE DE LA STATION 2D
6.(b) Name of husband or wife	21. I CERUS y that death occurred on the date above stated: that I whended received from
7. Birth date of	and that I last saw hold slive on Jef 8 44.
8. AGE: Years Months Days If less than one day 2 9 hrs	Immediata cause of death DURATION
9. Sirfhplace	Due Io.
10. Usual occupation	Seul attention 10 m
12. Namy VIII Barick	Other conditions
14. Maiden naphlasgarth wysgrung	(Include pregnancy within 3 months of death) Major fieldings of operations.
15. Biripplace Molland	
16. May Saff	Antopsy results
Address of - Mary Market 17 (Burial, cremation, or removal. Which?) Bate thereof. Job. 11, 1948. (month) (day) (year)	22. VTOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery or crematory. Loudon Park	Where did Injury occur?
Location Batteriore Md	Injured at home, farm, industry, public place (where?)
18. Funeral director Colfany Straw	Msens of injury injured at work?
Address Sycarille Md.	23. SIGNATURE (A. D. or other)
19. (Date rec'd by registrar) 19. Registr	ar Address I herele Most signed 2 2

BINDING FOR MARGIN RESERVED WITH UNFADING INK. Supply every item of information carefully important. Physicians: please write the causes of death clearly and

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PLEASE WRITE



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

DURATION

CERTIFICATE OF DEATH

	CERTIFICATION	E OI DENIII	Reg. Diat. No
1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF	DECEASED:
City or town(1f outside city or town limits, write RURA	L and give nearest town	State	
How ions in above place of death?	- Hard to	City or town (If outside eige or town limits Street No. 26.6.3. Keesses	write RURAL and give nearest town)
How long in hospital or institution?	9 July Sp	2.(a) if veleran, name was flasher	LOCATION)
3.(a) FULL NAME (Mary Schleigh)	MARC	Jelle il	3. (b) Social Security Number
	ried widowed, or divorced	MEDICAL CE	RTIFICATION
J- W A	myle	20. DATE OF DEATH	18 48 214
6.(b) Name of husband or wife		21. I CERTIFY that death occurred on the date about	
7. Birth date of deceased (mo., day, yr.) Aug 24-/	flive, give ageyears	and that I last saw h	19
6. AUL.	less than one day	Comment	elinin la
9. Birthplace		Due to.	1
10. Usual occupation	neglic	Due to Due to	yu og
11. industry or hosiness	home	Muly	y 60-
12. Name 12. Name 13. Bumplace	Q,	Other conditions	conthe of death)
14. Maiden name at the same at	your	Major findings of operations	
E 15. (igthplace	selver	Aotopsy results	
Address Jux edd	- And -	PHYSICIAN: Please underline the cause to what 22. VIOLENCE: If death was due to external cause	
17. Sur Ja Date fhereof Burial, cremation, or removal, Which?)	2/21/48 (month) (day) (year)	Accident, suicide, or homicide	Date of
Cemetery or crematory Parkwood Cemete:	CY	Where did injury occur?(City or town) Injured at home, farm, Industry, public place (wh	
Location Baltimore, County Md 18. Funeral director George J. Ruth, Inc.		Means of Injury	Injured at work?
Address 1735 Harford Ave	nue	23. SIGNATURAL AND	tin MU
19. (Date re'e'd by yegistrar)	Registrar	Address y plen	M. D. of other

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

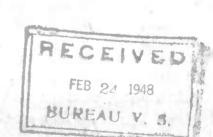
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01550

CERTIFICATE OF DEATH

v. Dist. No. 74

CERTIFICAT	Reg. Dist. No.
1. PLACE OF DEATH: Carrolly	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
City or town	City or town
dospital, firstitution, or street ordress that death when the street ordress that deat	Sireet No. (If rural, give LOCATION)
How long in hospitator institution?	2.(a) if veleran, name war
3. (a) FUIL NAME Carril	Service 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced W Adaptived	MEDICAL CERTIFICATION 20. DATE OF DEATH
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date shore stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) Supply 29 - 1863	and that I last saw h
8. AGE: Years Matths Days If less than one day 2/	Certal Themorphay Just
8. Birthpiace(Town, county, and syste)	Due to.
10. Usual occupation	Due to Cuttery Velevour 21 mg
E 12. Name Mustopher Sagley	Diher conditions. Thyseleum 6
13. Birthplace 14. Maiden name army layelymls 15. Birthplage.	(Incode pregnancy within 3 months of death) Major fiedings of operations.
\$ 15. Birthpage.	
Address Daywood Rd Dally	Autopsy results
17. Burish Date thereof Jeb 24 1848. (Burial, cremation or remoyal. Which?)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Cemetery or crematory Foundary Paris	Where did injury occur?
Location Battimore Md.	Injured at home, farm, Industry, public place (where?)
18. Funeral director Company Keer	Will the A S- 10
Address Dykusnile MA.	23. SIGNATURE M. Dor sker
19. (Date rec'd by registrar) (Date rec'd by registrar) Registrar	Address JN persulle Millione signed 20/4



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No. 72

1. PLACE OF DEATH: City or fown	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newbogn infants give residence of mother) State
Martha Cemma Small	3. (b) Social Security Number
4. Sex Jewall White levelawyd 6.(a) Single, Married, widowed, or divorced Levelawyd 6.(b) Name of husband or wife Thanks are C. Augel	MEDICAL CERTIFICATION 20. DATE OF DEATH. 9.48 at 4:38 P. N 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) Ottober 29-1908	19
8. AGE: Years Months Days If less than one day 39 3 6hrsmin.	acus lovin deconquistion
10. Usual occupation	Due to
11. Industry or business 12. Name Paul Puller 13. Birthplace Paul Puller 14. Sirthplace Paul Puller 15. Sirthplace Paul Puller Puller 16. Sirthplace Paul Puller Puller 17. Sirthplace Paul Puller Puller Puller 18. Sirthplace Puller Puller	Other conditions
HE 14. Maiden name (1997) 15. Birthplage	(Include pregnancy within 3 months of death) Major findings of operations
Address leterslumenter M.S. 1.	Autopsy results
17. Burial, cremation, or removal, Which?) Date thereof J. J. 194. (Burial, cremation, or removal, Which?)	22. VIOLENCE: It death was due fo external causes, till in the following; Accident, suicide, or homicide,
Location Lettelslown PA:	Where did injury occur?
Address Collstonen 1 PA - Py P. A Little	By Signaturances T. Thered, Defuty The Sical Exercises
19. Heb 5th. 1948 Californ Bank Registrar	Address Wedlumenter Ml Date signed 2-4-48







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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Diat. No...

/					
1. PLACE OF DEA	Cam	roll		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County Carroll Westminster				State Maryland County Carroll	
City or town				City or town Westminster (If outside city or town limits, write RURAL and give nearest town) Street No. 75 W. Green St.	
How long in above place of death? 20 years					
Hospital, Institution, or street address where death occurred:					
How long in hospital or institution?				(If rural, give LOCATION) 2.(a) If veteran, name war	

3. (a) FULL NAME	Š	3.6	07.1	3. (b) Social Security Number none	
		Myra	Olive Smith		
4. Sex	5. Color or race	8.(a)Sing	ie. married, widowed, or divorced	MEDICAL CERTIFICATION	
female	white		single	20. DATE OF DEATH JEbruary 20 19.48	8 1/30P
6.(b) Name of husband or wife				21. I-CERTIFY that death occurred on the date above stated; that is attended de	ceeeed from
		6,	(c) If alive, give ageyears	and that I last eaw h. Et alive on The transport	7
7. Birth date of deceased (mo., day, yr.) April 28, 1861					
8. AGE: Years		Days	If lese than one day	Immediate cause of death.	7
86	9	23	hrs min.		a dogy
9. Birthplace Rainsburg, Bedford Co., Pa:				Oue to	
to. Usual occupation					
				Oue to	
11. Industry or business		707 C-	2.2	Ferrileous aucres	
Henry W. Smith 12. Name Henry W. Smith Penna.				Other conditione	24.
Molden nome	Susan	nah Mo	Coy	(Include pregnancy within 8 months of death) Msjor findings of operations	
TO					
				Qate of op.	
16. Informant Dorothy Elderdice				Autopsy results	
Address Westminster, Md.				PHYSICIAN: Please underline the cause to which death should be charged statistically.	
				22. VIOLENCE: It death was due to external causes, fill in the tollowing:	
burial Date thereot 2/24/48 (month) (day) (year)				Accident, suicide, or homicide,	
Cemetery or crematory Westminster Cemetery				Where did injury occur? (City or town) (County) (State)	
Location Westminster, Md.				Injured at home, farm, Industry, public place (where?)	
tB. Funeral director	J. F	rancis	Reese	Meene of Injury Injured at work?	
Addrese			r. Md.	1 St + R	W D
24	11 1/1	R	The state of the s	23. SIGNATURE M. I	D. or other
19. (Date rec'd by reg	- 19.TU	17	A Registrar	1051	1 2/21/48
(Date Lec o by Leb	grould1)	, ,	The Right at	Audiess	Marrianneferrancegarianism







WITH UNFADING INK. Supply every item of information carefully. A important. Physicians: please write the causes of death clearly and leg

WRITE PLAINLY, is especially

PLEASE

A15 VS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01553

CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF DEATH: County	Street No		
3. (a) FULL NAME Frances Spriggs	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced female col Widowed	MEDICAL CERTIFICATION 20. DATE OF DEATHFebruary 12		
6,(b) Name of husband or wife 6.(c) ff allve, give age years 7. Birth date of deceased (mo., day, yr.) December 25 (?) 1896 (?)	21. I CERTIFY that death occurred on the date shore stated; that fattended deceased from December 30		
8. AGE: Years Months Days If iess than one day Country 18	Tuberculosis Of The Hip May 1946		
9. Birfhplace	Due to		
12. Name Basil Hawkins 13. Birthplace Maryland 14. Maiden name Tollie Brown	Other conditions		
14. Maiden name Wellie Brown S. 15. Birthplace Naryland 16. Informant Deceased	Aotopsy resofts		
Cemetery or crematory	22. VIOLENCE: If death was due to exfernal causes, fill in the following: Accident, suicide, or homicide		
18. Funeral director Atas Supplies Alfred Cins Address 3 2 4 Supplies Atas Supplies 19. Feb. 12 19. 48 Alfred A. Supplies	Injured at home, farm, Industry, public place (where?) Maens of Injury 1 Injured at work? 23. SIGNATURE Address Henryton, Maryland Date signed 2/12/48		

Deputy



DURATION

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

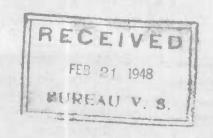
CERTIFICATE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED: 1 PLACE OF DEATH: (For newborn infants give residence of mother) Carroll City or town Oakland Mills Sykesville Rt 1 (If outside city or town limits, write RURAL and give nearest town) City or lown Oakland Mills Sykesville Rt (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?..... information careful of death clearly an Oakland Rd Rosoltal, Institution, or street address where death occurred: Oakland Rd Oakland Mills Sykesville (tf rural, give LOCATION) How long in hospital or Institution?..... 2.(a) If veteran, name war 3. (b) Social Security Number 3. (a) FULL NAME 214-03-3720 Harry Jacob Stern 5. Color or race 6.(a)Single, married, widowed, or divorced MEDICAL CERTIFICATION 21. I CERTIFY that death occurred on the state above stated; that I allended deceased from 6.(b) Name of husband or wite Frances Woodward Stern 19.47 to 2-17 19.48. 7. Birth dale of Dec 14 1881 deceased (mo., day, yr.) If less than one day 8. AGE: 66 Frizzleburg Carroll Co Md (Town, county, and state) Section Mechanic 1D. Usual occupation.... Oakland Woolen Mills 11. Industry or business Nathan Anthony Stern 12. Name.... Unknown 13. Birtholace (Include pregnancy within 3 months of death) Anna Sheckels 14. Malden nat 14. Malden name... Major findings of operations Unknown Mrs Harry J Stern especially PHYSICIAN: Please underline the cause to which death should be charged statistically. Oakland Mills Sykesville Rt 1M Address 22. VIOLENCE: If death was due to external causes, till in the following: Feb 20 (Burial, cremation, or removal, Which?) Accident, suicide, or homicide, (month) (day) (year) Cemelery or cremaiory Meadow Branch Cemetery Where did Injury occur?(City or town? (County) Westminster Md Injured al home, farm, Industry, public place (where?) Injured at work? Means of Injury 18. Funeral director. Wm. Berryman & Sons Reisterstown Md Address

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WRITE

PLEASE



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1. PLACE OF DEATH: County Carroll			2. USUAL RESIDENCE (HOME) (For newborn infants give residence of	of mother)	
City or fown			Filliontt Ci	ouely Howard	
Mornital incitiation or circuit address where death occurred:			Sireet No. Waterloo Ros	ıd	earest town)
How long in hospital	or Institution? Color	ed Branch, Henry	(1f rural, gi	ve LOCATION)	J
3. (a) FULL NAM		eph William Steve	enson	3. (b) Social Security	Number
4. Sex	5. Color or race 6	(a)Single, married, widowed, or divorced		CERTIFICATION	A
male	col	Married	20. DATE OF DEATH February	11 19 48	3, 1:30
Tree many areas		Stevenson6.(c) It alive, give ageye 28. 1994	and that I last saw h	47 . Feb.	11 19 48
8. AGE: Yea 53	rs Months	Days If less than one day 14hrs,	Immediate cause of death		
1B. Usual occupation	Laborer	Carolina ty, and atate) evenson	Oua to		
13. Birthplace	wewbury S	. Carolina	(Include pregnancy within		
14. Malden name	Newburyy.	uglas S. Carolina	Major findings of operations		
16. Informant	Deceased		Antopsy results	which death should be charge	i statistically.
Address 11 Burial, cremation, or removal. Which?) Cemetery or crematory Made and Company Com			22. VIOLENCE: It death was due to external d	Date of	
			Whera did injury occur?(City or town injured at home, farm, industry, public place		(State)
18. Funeral director	The High	inbothon	Means of Injury	Injured at work?	
Address	lusto (eld)	23. SIGNATURE ROLLAR	Offmay, 7	n.D.
19. Date rec'd by r	11 19 48 (al Deputy Registr	rar Address Henryton, Man	ryland Date signed	

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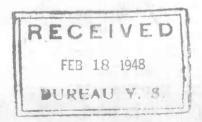
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH:			2. USUAL RESIDENCE (HOME) 0 (For newborn infants give residence of	F DECEASED:	
County Carroll			State Maryland county Carroll		
City or town					
How long in above place	of death?	2 days	City or town	s, write RURAL and give nea	areat town)
Hospital, Institution, or	street address where	Geath occurred:	Street No(If rural, give	TOGATE ON THE STATE OF THE STAT	
How long in hospital or	Institution3		2.(a) If veteran, name war		
3. (a) FULL NAME			2.(U) II reterall, liante wal		
Elizabeth Taylor				3. (b) Social Security none	Number
1.0	5. Color or race	6.(a)Single, married, widowed, or divorced			
4. Sex		Same and the second second		ERTIFICATION	2
female	white	widow	20. DATE OF DEATH February	14 19 48	at82p
R.(b) Name of husband	r wife Cha	rles E. Taylor	21. I CERTIFY that death occurred on the date abo		
			19		
7. Birth date of		ber 27, 1874	and that I last saw halive on	/ /	
8. AGE: Years	Months	Days It less than one day	Immediais cause of death acception		DURATION
73	2	18hrsmin.	Delompenseti	44A.	- Symmet
9. Birthplace Ca	rroll Co	unty, Maryland	Oue to Chronic My	40 Carditos	3725
		one			***************************************
			Due to.		
11. industry or business		ouck			••
E	_		Dther conditions	•••••••	•
	Maryla		(Include pregnancy within 8 s	months of death)	
14. Maiden name 15. Birthplace	Martha	Miller	Major findings of operations	•••••	
15. Birthplace	Maryla	nd			
16. Informant		arles A. Weaver	Actopsy results		statistically.
Address	Patapsc		22. VIOLENCE: If death was due fo external cau	uses, fill in the following:	
17burial	or removal. Which?	Date thereof	Accident, suicide, or homicide	Date of	
		Church of God	Whers did tnjury occur?(City or town)	(County)	(State)
		n, Md.	injured af home, farm, industry, public place (w		
			Means of injury	Injured at work?	
	4	cis Reese	1 11	57 -0	. 0
Address	Westmin	ster Md.	V23. SIGNATURE COMMO R.	Fout,	11000
19	6 19 48	A Chrondman	no Time of	. //2.	or other 3 16 11 C
(Date ree'd by res		Registrar	Address / Engrusseum		2-16.48



				TE OF DEATH	Reg. Dist	No. 70
1. PLACE OF DEA County Carrol Tane City or town (if or How long in above place to Hospital, institution, or Mow long in hospital or	ytown htside city or town of death?life street address where	etime death occurred:	RAL and give nearest town)	2. USUAL RESIDENCE (HOME) (For powhorn infants give residence State City or town	County	crall
3. (a) FULL NAME	John W.St	ouffer			3. (b) Social a	Security Number
4. Sex M	5. Color or race	6.(a) Single,	married, widowed, or divorced widower	MEDICAL 20. DATE DF DEATH. Rebruary	CERTIFICATI	
7. Birth date of deceased (mo., day, yr	0ct.10,1	851	fferyea	21. I CERTIFY that death occurred on the date	above stated; that I attended. 19 4/ 8	ended deceased from
8. AGE: Years 96	Months 3	Days 24	it less than one dayhrs,min			211
11. Industry or business	retired d		te)	Oue to	••••••	
13. Birthplace 14. Maiden name 15. Birthplace	Md Christia yd S.Lamb	Md)	(Include pregnancy within Major findings of aperations.		ор
Address 17. Burial (Burial cremation, Cemetery or cremator)	or removal, Which	med	Feb.7,1948. (month) (day) (year)	PHYSICIAN: Please underline the cause to 22. VIOLENCE: If death was due to external Accident, suicide, or homicide	causes, till in the follow	ring; e ot
	C.O Ta	.FUSS &		Injured at home, farm, Industry, public place Meens of Injury 23. SIGNAT Q . M & Q	Injured at	
4.1.1	- 11	GILLE	In Mokrus	23. 3198#1		M. D. or other



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2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No.....

PLACE OF DEATH: Carroll	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infanta rive residence of mother)
City or town (If outside city or town limits, write KURAL and give hearest town)	State County County
How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No.
How long in hospital or institution?	(If rural, give LOCATION) 2.(a) f veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Billie Blanche U	to none
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Lemale white widowed	20. DATE OF DEATH THE LINEARY 2 1848, at 6:30 1
6.(6) Name of husband on mile of the Company	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.4 to 7.46 2 19.48
6.(c) If alive, give age years	and that I last saw h e f alive on A f 1946
7. Birth date of deceased (mo., day, yr.) Charl 17-1877	Immediate cause of death OURATION
8. AGE: Years Months Days If less than one day	la. 1 Stousch
70 9 10 min.	
9. Birthplace (Town, county, and atate)	Oue to
10. Usual occupation	
11. Industry or business , let house	Oue to
	Dither conditions.
12. Name 12.	Uther conditions
	(Include pregnuncy within 3 months of death)
14. Maiden name Martha Harris 15. Birthplace Wary Cuna	Major findings of operations.
\$ 15. Birthplace Wary Cana	Oate of op.
18. Informant Mus Cloodrow & Dellas	Autopsy results
Address Lynnord, Med:	PHYSICIAN: Please underline the cause to which death should be charged statistically.
12 215/4/8	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Left Creeky Churchest	Where did Injury occur?
Location Clerohtering Brad	Injured at home, farm, Industry, public place (where?)
Location Land I The Tal a Valence	Means of Injured at work?
18. Funeral director	1 591
Addestillon Bridge The Chidoc, Med.	23. SIGNALINE MILES / M.D. or other
19. Felt 4 19 48 Margaret R. Englar (Date rec'd by registrar) Registrar	Address Westweise Med Oate signed 2-4-48

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

			771
Reg.	Dist.	No.	10

01559

CERTIFICATE OF DEATH

PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)
	State Maryland County Castoll
(If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No.
Hale Mursing Nome	(If rural, give LOCATION)
How tong in hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Mary S. Warner	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Temale White Married	20. DATE OF DEATH. 2 - 2 5 - 1948 21 8 A N
de 1. 101.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife neodose frames	21. 1 CENTIFY THAT DESIRED ON THE SALE SALE SALE SALE SALE SALE SALE SAL
	and that I last saw h & alive on 2-27-48 18
7. Birth date of deceased (mo., day, yr.) July 27,1866	0
december (more than a second and a second an	Immediate cause of death DURATION
o. Aut.	Olseva Newway Long
8/ 7 /hrsmin.	
maselland	Due to hugger answar
9. Birthplace (Town, county, and atate)	
1	
1	Due to DV WWW College
11. Industry or business, Own home	D f
	Other conditions Chronic nephrile
E 12. Name	Other conditions
13. Birthplace Maryland	(Include pregnancy within 3 months of death)
5 June 1 Gadingardner	(include pregnancy within a months of death)
14. Maiden name Susa Dadongardau 15. Birthplace Maryland	Major fiadiags of operations
≥ 15. Birthplace Maryland	Date of op.
Diel Defeate abl	
16. Informant	Autopsy results
Address anew town, Md.	
- 1.2.20	22. VIOLENCE: If death was due to external causes, fill in the following:
17. Burlal, cremation, or removal, Which?) (Burlal, cremation, or removal, Which?)	Accident, suicide, or homicide
(Veller / Consectation	Where did injury occur? (City or town) (County) (State)
Cemetery or crematory feffe de la	
Location defferson la.	Injured al home, farm, Industry, public place (where?)
D-Freed Hom	Means of Injury Injured at work?
18. Funeral director	
Address Janeytown, Md.	my x. Jakey
Man a st of Gottel 211 Walnut	23. SIGNATURE M. D. or other
(Date and de programme)	Address Decales town 1th Date signed . 28.41



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CERTIFICAT	TE OF DEATH Reg. Dist. No. 74
County Carroll County Maryland City or town. Henryton, Maryland (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 2 Months, 5 Days Hospital, institution, or street address where death occurred: Maryland Tuberculosis Sanatorium How long in hospital or institution? Colored Branch, Henryto	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Maryland County City or town (If outside city or town limits, write RURAL and give nearest town) Street No (If rural, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME JAMES AUGUSTUS WASHINGTON	3. (b) Social Security Number 218-01-4502
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced Married	MEDICAL CERTIFICATION 20. Date of Death February 20, 19 48 31 5:A.
6.(b) Name of husband or wife Martina Washington 6.(c) If alive, give age years 7. Birth date of deceased (mo day, yr.) October 15, 1900 8. AGE: Years Months Days If less than one day 47 4 5 hrs. min. 8. Birthplace (Town, county, and state) 10. Usual occupation Laborer 11. Industry or business 12. Name Adam Washington 13. Birthplace Denton, Maryland 14. Maiden name Laura James 15. Birthplace Denton, Maryland	21. I CERTIFY that death accurred on the date above stated; that I attended deceased from Becember 15, 18 to 19 48 and that I last saw h im alive on February 20, 18 48 Immediate cause of death Pulmonary Tuberculosis DURATION Dec.: 1944 Due to Dither conditions (Include pregnancy within 3 months of death) Major findings of operations. Date of op.
16. Informant Address 17. Court of Common Court (Month) (day) (year) Cometery or crematory (Month) (Day) (year) Location (Month) (day) (year) Location (Month) (day) (year) 18. Funeral director (Month) (day) (year) Address (Month) (Day) (year) 19. Feb. 20, 19. 48 (Date rec'd by registrar)	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEA'	TU

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eg.	Diat.	No.	 1	7

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give realdence of mother) State	Til
Larence Welhelm		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced M Duegle	MEDICAL CERTIFICATION 20. DATE OF DEATH. J. 1948	,, at
a chi Mara at husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended dec	eased from
6.(b) Name of husband or wife	19	19
7. Birth date of	and that I last saw h	19
deceased (mo., day, yr.)	Immediate cause of death	DURATION
8. AGE: Years Months Days If less than one day	Drowning.	
27 2 1 4 min.		****
9. Birthplace (Town, county, and obs(e)	Due to Capellflie Convilsion.	
tD. Usual occupation Dowler alley I for an	Due to Copilipsy	1070
11. Industry or business		
E 12. Name	Dther conditions	••••
	(Include pregnancy within 8 months of death)	
14. Maiden name Vilda & Kerman 15. Birthplace Moryland	Major findings of operations.	
S 15. Birtholace Thorylond	Bate of op	
Nach I. a Pront Shin Lie Water Hook	Autopsy results.	
16. Informan	PHYSICIAN: Please underline the cause to which death should be charge	d statistically.
Address Syllesvelle 7000 17. Burial Dale thereof. Feb. 9, 1948 (Burial, cremation, or removal, Which?) Cemetery or crematory 2000 (month) May) (year)	22. VIOLENCE: It death was due to external causes, till in the tollowing; Accident, suicide, or homicide. Illiable Date of The Where did Injury occur?	146.48 Md 18tate)
Location Hereford Md.	Injured at home, tarm, industry, public place (where?)	fetel
1 Pourt 1 & Day agence	Means of Injury Drowned in both tuch Injured 2t work?	"no -
Address 3615-17 Chestrust fue. 18. Feb 9 48 Q.W. Yedre (Date red by registrar) (Date red by registrar)	23. SIGNATURELLES T Thanh Defaly Medical Fe	or other 746 6-1948

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefuly. The correct age is especially important. Physicians: please write the causes of death clearly and regibly.

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2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

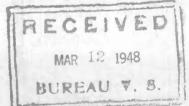
	NOS. DISCI TO MANAGEMENT			
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
City or town. Park May Now Wilson (If outside city or town limits, write RURAL and give nearest town)	State Massales County Carrell			
(If outside city or town limits, write RURAL and give nearest town) How tong in above place of death?	City or town			
Hospital, Institution, or street address where death occurred:	Street No. Strafsefield Valley			
	(Iffural, give LOCATION)			
Now long In hospital or institution? 3. (a) FULL NAME	2.(a) If veteran, name war.			
Charles melter of malin	3. (b) Social Security Number			
4. Sex 5. Color or race 8.(a) Single, marked, widowed ordivorced	MEDICAL CERTIFICATION			
m. W. widowek	20. DATE OF DEATH February 17 1948 21 8:551			
8.(b) Hame of husband or wife Mary a Juntary	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from			
6 (c)/t/alive give age vea	October 1936 to Enterwary 17 194			
T. Birth date of deceased (mo., day, yr.) Manch, 22, 1865	and that I last saw house alive on February 57 184.			
8. AGE: Years Months Days If less than one day	Descusion / 2 da			
82 /0 23hrsmi	1.			
9. Birthplace. West Mellow Land State) (Town, county, and state)	Due to the state of the state o			
10. Usual occupation. Labour	Due to Legan Chation			
11. Industry or business	UUE 10.			
12. Hame North Hughen 13. Birthplace Cartell (4. 2014)	Other conditions Lall Bladder 4450.			
	(Include pregnancy within 3 months of death)			
14. Maiden name Rebeccia Mujers 15. Birthplace Corroll Co. Mrd.	Major findings of operations.			
2 15. Birthplace Crash Co. Mad.	Date of op.			
16. Informant Miss. Daisy a Grangling	Autopsy results			
Address Westminster Tolla.	22. VIOLENCE: If death was due to external causes, fill in the following:			
11. Burial, cremation, or removal, Which?) Date thereof. (monch) (day) (year)	Accident, suicide, or homicide			
Cemetery or crematury brest newster Cense ton	Where did injury occur?			
Location Aventurista ms. 1	Injured at home, farm, Industry, public place (where?)			
18. Funeral director. J. G. Marcha. P.	Means of Injury Injured of York?			
Address West Address The	fully (San - le			
THE PROPERTY.	23. SIGNATURE M. D. or other			
(Date rec'd by registrar) (Date rec'd by registrar) Registra	Address all I hue selfes Date signed 17/17/4			
	and / /			

PLAINLY, WITH UNFADING NK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legible RESERVED FOR BINDING

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PLAINLY, WITH UNFADING INK. Supply every item of information carefully.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01563

CERTIFICATE OF DEATH

74 Reg. Dist. No.

/						
1. PLACE OF DEATH: Caurity Carroll			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Maryland Slate County			
County						
(If outside city or town limits, write RURAL and give nearest town)		Cily or lown Baltimore (If outside city or town limits, write RURAL and give nearest town)				
Hospilal, institution, or street address where death occurred: Maryland Tubercudosis Sanatorium		Street No. 650 Bradley Street				
Colored Propeh						
How long in hospital o	or Institution?	JIOG DI	allon.	2.(a) If veteran, name war		
3. (a) FULL NAME			3. (b) Social Security Number			
	JAME	ES YOUN	G, JR.		219-01-790	03
4. Sex	5. Color or race	6.(a)Single, ma	arried, widowed, or divorced	MEDICAL C	ERTIFICATION	P.
Male	Colored	Simgl	.e	20. DATE OF DEATH February 26, 19 48 at 6:40		6:40 M
e (h) Name of husband	d ar wida			21. I CERTIFY that death occurred on the date abo	ove stated; that I attended decea	sed from
6.(c) Name of husband or wife		October 30, 1, 41 , Feb. 26, 1, 48				
7. Birlh date of				and that I last saw him alive on Fet	oruary 26,	19.48
deceased (mo., day,				Immediate cause of death		DURATION
8. AGE: Year	rs Months	Days	If less than one day	Pulmonary Tuber co	ulosis	Sept.
46	3 11	24	hrsmln.			1938
9. Sirthplace Baltimore, Maryland (Town, county, and state) 10. Usual occupation Laborer		Due to.				
				Due to		*******************
11. Industry or business Signature James Young				***************************************	***************************************	
Poltimone Mentalend			Dther conditions	***************************************		
			(Include pregnancy within 3 months of death)			
14. Maiden name		Major findings of operations				
Emma Welson 14. Malden name Baltimore, Maryland						
18. Informant Deceased		Aotopsy resolts	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	************		
10. Intormant		PHYSICIAN: Please underline the cause to w	hich death should be charged a	statistically.		
Address	V 1		21 2.10	22. VIOLENCE: If death was due to external car	uses, fill in the following;	
17(Burial, crematio	on or removal, Which?)	Date thereof (month) (day) (year)		Accident, suicide, or homicide	Date of	
	on, or removal, which!	act.	W memoris	Where did injury occur?(City or town)		
Cemetery or crematory						
Location Cean Will			Injured at home, farm, Industry, public place (where?)			
18. Funeral director. H. Halstend			Msans of Injury	Injured at work?		
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Address	1 & Dum	MILL	2/ 1/	23. SIGNATURE LOUGEN TYL	Honau, m	· D.
,Feb. 2	26, 1,48	allen	R. Swalla	Howarton Hd	U	2-26-48
(Date ree'd by r	egistrar)	Loca	1 Deputy Registrar	Address	Date signed	

RECEIVED

FEB 28 1948

BUREAU V. S.

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DEATH: (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?... Hospitat, Institution, or street address where deth occurred: (If rural, give LOCATION) How long in hospital or institution?. 2.(a) If veteran, name war 3. (a) FULL NAME 3. (b) Social Security Number 4. Sex 7. Birth date of deceased (mo., day, yr. If less than one day 8. AGE: 13. Birthplace (Include pregnancy within 3 months of death) PHYSiCIAN: Please underline the cause to which death should be charged statistically. Address 22. VIOLENCE: If death was due to external causes, fill in the following Where did Injury occur?(City or town) (County) Injured at home, farm, Industry, public place (where?) injured at work? Means of Injury

Registrar

information of death cle BINDING FOR K. Supply of please wri RESERVED MARGIN

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